

**BY ORDER OF THE
SECRETARY OF THE AIR FORCE**

AIR FORCE INSTRUCTION 44-107

7 APRIL 2010



Medical

**AIR FORCE CIVILIAN DRUG DEMAND
REDUCTION PROGRAM**

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

ACCESSIBILITY: Publication and forms are available for downloading or ordering on the e-Publishing website at www.e-publishing.af.mil.

RELEASABILITY: There are no releasability restrictions on this publication.

OPR: HQ AFMOA/SGHW

Certified by: AF/SG3
(Maj Gen Thomas J. Loftus)

Pages: 98

This instruction implements Air Force Policy Directive (AFPD) 44-1, *Medical Operations*, and prescribes the Air Force Civilian Drug Testing Program (AFCDTP). It provides an update to guidance previously found in AFI36-810, *Substance Abuse Prevention and Control*, 22 Jul 1994. It assigns responsibility for carrying out the program at installation level. This instruction applies to all Air Force civilian employees and Air Reserve Technicians (ART) when in a civilian status and to tentative selectees for testing designated positions (TDP). This instruction applies to ANG federal civilian employees. The program covers full-time, part-time and intermittent Air Force civilian employees who are U.S. citizens paid from appropriated funds (APF) and nonappropriated funds (NAF). It implements Department of Defense Directive (DoDD) 1010.4, *Drug and Alcohol Abuse by DoD Personnel*; DoDD 1010.9, *DoD Civilian Employee Drug Abuse Testing Program*; Executive Order (EO) 12564, *Drug-Free Federal Workplace*; Title 5, United States Code; and Title 49, Code of Federal Regulations, Parts 40 and 382. This instruction requires the collection and maintenance of information protected by the Privacy Act of 1974. Authority to collect and maintain records prescribed in this Air Force Instructions (AFI) are outlined in Title 10, United States Code, Section 8013 and EO, 9397. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with (IAW) Air Force Manual (AFM) 33-363, *Management of Records*, and disposed of IAW the *Air Force Records Disposition Schedule (RDS)* located at <https://www.my.af.mil/gcss-af61a/afrims/afrims>. Send comments and suggested improvements on AF Form 847, *Recommendation for Change of Publication*, through channels, to HQ AFMOA/SGHW, 485 Quentin Roosevelt Road, Bldg 171, Ste 1, San Antonio, TX 78226.

Section 1A—Program Policies	5
1.1. Overview	5
1.2. Air Force Policy Regarding Illicit Drug Use by Civilian Personnel	5
1.3. Goals of the Civilian Drug Testing Program	5
1.4. Responsibilities	6
Section 1B—Scope of Testing	18
1.5. Applicability and Types of Testing	18
Section 1C—Designation of Testing Positions	23
1.6. Designation of Testing Designated Positions (TDP)	23
Section 1D—Employee Notifications	24
1.7. Notice to Current Employees	24
1.8. Contents of Notices	24
1.9. Employee Signed Acknowledgment	25
Section 1E—Technical Guidelines for Drug Testing	25
1.10. General Considerations	25
1.11. The DDRPM or DTPAM	26
1.12. The Collection Site	26
1.13. Collection Supplies	27
1.14. Federal Drug Testing Custody and Control Form (CCF)	29
1.15. Donor Identification (ID)	29
1.16. Collection Steps	30
1.17. Shy Bladder Collection	34
1.18. Direct Observation Collections (reasonable suspicion, or accident, safety mishap, invalid sample, etc.)	35
1.19. Documentation Errors/Fatal Flaws	36
1.20. Failure to Appear for Testing	37
Section 1F—Processing Test Results	37
1.21. Confidentiality of Test Results	37
1.22. Opportunity to Justify a Laboratory-Verified Positive Test Result, Adulterated Specimen Result or Specimen Not-Suitable-for-Testing Result	38
1.23. MRO Review of Medical Records	39
1.24. Reporting of Results Under the AFCDTP	39
Section 1G—Drug Testing Program Records	40

1.25. Maintenance and Confidentiality of Records	40
Section 1H—Findings of Drug Use Required Actions	41
1.26. Finding of Drug Use	41
1.27. Mandatory Administrative and Disciplinary Actions	41
1.28. Safe Haven Provision	42
1.29. Employee Counseling and Assistance	42
Section 1I—Statistics	42
1.30. Statistical Information	42
Section 1J—Production of Drug Testing Reports and Other Discovery Matters	43
1.31. Requests for Drug Testing Reports and Other Documents During Litigation’s Discovery Process	43
Section 1K—Use of Drug Testing Software	43
1.32. Air Force Drug Testing Program Software (AFDTPS)	43
1.33. Supervisory Training Requirements	44
1.34. Employee Education	44
1.35. Means of Education	45
Chapter 2—SUBSTANCE ABUSE COUNSELING, ASSISTANCE AND REFERRALS	46
2.1. Overview	46
2.2. Referral Process	46
2.3. Employee Counseling and Assistance	47
2.4. Counselor Responsibilities	48
2.5. Adopted Forms.	48
Attachment 1—GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION	49
Attachment 2—AIR FORCE APPROPRIATED FUND CIVILIAN EMPLOYEE DRUG	58
Attachment 3—AIR FORCE NONAPPROPRIATED FUND CIVILIAN DRUG TESTING POSITIONS (TDP)	69
Attachment 4—SAMPLE LETTER - NOTICE OF DRUG TESTING AS A CONDITION OF EMPLOYMENT FOR INDIVIDUALS NEWLY ASSIGNED TO TDP	72
Attachment 5—SAMPLE LETTER - NOTIFICATION LETTER FOR	74
Attachment 6—SAMPLE LETTER - NOTICE OF DRUG TESTING AS A CONDITION OF EMPLOYMENT FOR NON-AIR FORCE EMPLOYEES ACCEPTING TDP	76

Attachment 7—SAMPLE LETTER - EMPLOYEE NOTIFICATION OF DRUG TESTING RESULTING FROM AN ACCIDENT OR SAFETY MISHAP	78
Attachment 8—SAMPLE LETTER- EMPLOYEE NOTIFICATION FOR DRUG TESTING AS A RESULT OF REASONABLE SUSPICION	79
Attachment 9—RELEASE OF PATIENT INFORMATION MEMORANDUM	80
Attachment 10—CONSENT FOR RELEASE OF PATIENT INFORMATION DURING OR AFTER TREATMENT OR REHABILITATION	81
Attachment 11—INSTRUCTIONS FOR COMPLETING THE DRUG TESTING CUSTODY AND CONTROL FORM	83
Attachment 12—SAMPLE LETTER - EMPLOYEE SELECTION NOTIFICATION FOR TESTING	86
Attachment 13—SAMPLE LETTER - INITIAL SUBSTANCE ABUSE ASSESSMENT APPOINTMENT LETTER	88
Attachment 14—SAMPLE LETTER - INITIAL SUBSTANCE ABUSE ASSESSMENT APPOINTMENT LETTER FOR SUPERVISOR	89
Attachment 15—CONSENT TO PROVIDE URINE SPECIMEN FOR DRUG TESTING	90
Attachment 16—SAMPLE BRIEFING FOR URINE SPECIMEN COLLECTION OBSERVERS	91
Attachment 17—SAMPLE ESCORT INSTRUCTIONS	93
Attachment 18—SAMPLE SUPERVISOR INSTRUCTIONS	95
Attachment 19—SAMPLE LAST CHANCE AGREEMENT	96

Chapter 1

AIR FORCE CIVILIAN DRUG DEMAND REDUCTION

Section 1A—Program Policies

1.1. Overview

1.1.1. This instruction establishes Air Force Civilian Drug Testing Program (AFCDTP) objectives, policies, procedures, and implementing guidelines. The AFCDTP is designed to achieve a drug-free workplace, consistent with EO 12564 and 5 U.S.C. §7301.

1.1.2. This instruction includes policies and procedures for providing assistance to employees with suspected or identified drug abuse problems, employee education and training, and the identification of illicit drug use through drug testing in conjunction with AFI 44-120, *Military Drug Demand Reduction Program* and AFI 44-121, *Alcohol and Drug Abuse Prevention and Treatment (ADAPT) Program*.

1.2. Air Force Policy Regarding Illicit Drug Use by Civilian Personnel

1.2.1. The Air Force, as a result of its national defense responsibilities, and the sensitive nature of its work, has a compelling obligation to eliminate illicit drug use from its workplace. Civilian employees of the Air Force must refrain from illicit drug use whether on or off-duty. Performing duties under the influence of illicit drugs adversely affects personal safety, risks damage to government property, significantly impairs day-to-day operations, and exposes sensitive information to potential compromise. Use of illicit drugs is inconsistent with the high standards of performance, discipline, and readiness necessary to accomplish the Air Force mission.

1.2.2. The Air Force is concerned with the well-being of its employees, the successful accomplishment of the mission, and the need to maintain high employee productivity. The intent of the Air Force is to offer assistance to those civilian employees who need it, while sending a clear message that illicit drug use is incompatible with Federal service.

1.2.3. The performance of every Federal civilian employee must, at all times, support the Air Force mission with the highest level of productivity, reliability, and judgment.

1.2.4. Federal employees entrusted with the national defense must be free from the possibility of coercion or influence of criminal elements. This is especially important for those civilian employees who have been entrusted with access to classified information, or who, for instance, are responsible for weapons systems with nuclear or conventional capabilities.

1.2.5. Random drug testing, reasonable suspicion testing, accident or safety mishap testing, voluntary testing, and consent testing as part of or as a follow-up to counseling or drug abuse treatment will be employed to deter Federal civilian employees from the use of illicit drugs and to identify employees for treatment and administrative actions.

1.3. Goals of the Civilian Drug Testing Program

1.3.1. To support and enforce EO 12564 and the Anti-Drug Abuse Act of 1988. The program strives to improve the health, productivity, and overall quality of the civilian force and enhance total force readiness by:

- 1.3.1.1. Preventing, reducing, and eliminating illicit drug use.
- 1.3.1.2. Advising and training managers, supervisors, and employees on how best to address drug abuse issues.
- 1.3.1.3. Referring employees to rehabilitative services and treatment.
- 1.3.1.4. Restoring employees to full effectiveness.
- 1.3.1.5. Maintaining the health and wellness of a fit and ready workforce and drug-free Air Force community.
- 1.3.1.6. Deterring civilian personnel from illicit drug use.
- 1.3.1.7. Detecting and identify those individuals who engage in illicit drug use.
- 1.3.1.8. Assisting commanders in assessing the security, fitness, readiness, and good order and discipline of their commands.
- 1.3.1.9. Providing a basis for action, disciplinary or otherwise, based on an employee's positive test result.
- 1.3.1.10. Ensuring that urine specimens collected as part of the Anti-Drug Abuse Act of 1988 are supported by a legally defensible chain of custody procedure at the collection site, during transport, and at the testing laboratory.
- 1.3.1.11. Ensuring that all specimens collected under the Anti-Drug Abuse Act of 1988 guidelines are tested by a certified Department of Health and Human Services (HHS) laboratory.
- 1.3.1.12. Ensuring that all civilian personnel recognize that the ingestion of non-prescription products that contain controlled substances (as defined by federal law) and/or illicit ingestion of prescription products may subject the individual to a suspicion of drug abuse and thereby compromise his/her status as an Air Force employee.

1.4. Responsibilities

1.4.1. All levels of responsibility and management throughout the Air Force will support and enforce execution of EO 12564 and the Anti-Drug Abuse Act of 1988.

1.4.2. Air Force Secretariat

1.4.2.1. The Assistant Secretary of the Air Force for Manpower and Reserve Affairs (SAF/MR)

1.4.2.1.1. Per SECAF delegation of 15 July 2003, SAF/MR is responsible for providing guidance, direction, and oversight for all matters pertaining to the Air Force drug testing program formulation, review, and execution of plans, policies, program, and budgets.

1.4.3. Headquarters Air Force (HQ USAF)

1.4.3.1. The Air Force Surgeon General (HQ USAF/SG)

- 1.4.3.1.1. Office of Primary Responsibility (OPR) for the implementation of policy and guidance over the AFCDTP. Ensures that the program meets the requirements of this instruction and any additional requirements established by SAF/MR, the Secretary of the Air Force, and Assistant Secretary of Defense for Health Affairs (ASD (HA)).
- 1.4.3.2. The Deputy Chief of Staff Manpower, Personnel and Services (HQ USAF/A1)
 - 1.4.3.2.1. Acts as an Office of Collateral Responsibility (OCR) for civilian drug testing, focusing on personnel policy regarding disciplinary action for APF and NAF civilian personnel and the OPR for, *AF Appropriated Fund Civilian Employee TDP, and Attachment 3, Air force Nonappropriated Fund Civilian Drug Testing Positions (TDP)* (Attachment 2).
 - 1.4.3.2.2. Responsible for the identification, nomination and coordination of TDP for APF and NAF civilian personnel to include forwarding requests to the ASD (HA) for approval.
 - 1.4.3.2.3. Develops policies for the disciplinary action(s) against civilian employees identified as illicit drug usage and related personnel Employee Assistance Program (EAP) issues.
 - 1.4.3.2.4. Coordinates on the development, implementation and review of the portions of the Air Force's EAP that include education, initial assessment, and referral of substance abusers as required by the EO 12564.
- 1.4.3.3. The Medical Review Officer (MRO)
 - 1.4.3.3.1. A centralized position which receives all laboratory test results from the USAF-designated laboratory.
 - 1.4.3.3.2. Interprets and evaluates all drug test results with the individual's medical history and any other relevant biomedical information IAW HHS guidelines. Assures that an individual who has tested positive has been afforded an opportunity to provide a verifiable medical explanation for the test result.
 - 1.4.3.3.3. Maintaining the highest regard for employee privacy, transmits written determinations regarding all MRO-verified positive and invalid test results to the base Drug Demand Reduction Program Manager (DDRPM) or Drug Testing Program Administrative Manager (DTPAM).
- 1.4.3.4. The Judge Advocate General (HQ USAF/JA)
 - 1.4.3.4.1. Assists AF/SG, AF/A1, and Major Commands (MAJCOMs) in managing legal aspects of the AFCDTP.
 - 1.4.3.4.2. Serves as a consultative resource in interpreting legal requirements of HHS, DoDDs, DoD Instructions (DoDIs), AFIs, and policies.
- 1.4.4. MAJCOMs/Direct Reporting Units (DRUs)/Field Operating Agencies (FOAs)
 - 1.4.4.1. The Air Force Medical Operations Agency (HQ AFMOA)/Mental Health Division (SGHW).

1.4.4.1.1. Includes the Air Force Alcohol and Drug Abuse Prevention and Treatment (ADAPT) and (DDR) programs.

1.4.4.1.1.1. Exercises overall responsibility for implementation of the Air Force ADAPT and DDR programs, including programs for prevention, forensic drug testing, assessment, referral, and treatment of individuals for substance abuse.

1.4.4.1.2. Air Force Drug Testing Program Manager.

1.4.4.1.2.1. OPR for civilian drug testing issues.

1.4.4.1.2.2. Develops, implements, and manages the AFCDTP drug testing operations to support established policies.

1.4.4.1.2.3. Manages programming and execution of the AFCDTP drug testing budget.

1.4.4.1.2.4. Communicates with the Executive Office of the President (Office of National Drug Control Policy (ONDCP)), and other Federal, DoD, Air Force, State, and local civilian agencies having superior and collateral responsibilities and interests.

1.4.4.1.2.5. Provides implementing and operational drug testing guidance to MAJCOMs.

1.4.4.1.2.6. Develops procedures for managing and documenting drug testing activities.

1.4.4.1.2.7. Responds to drug testing complaints, Air Force Innovative Development Through Employee Awareness (IDEA) Program submissions (see AFI 38-401), Congressional and high-level inquiries, and Freedom of Information Act (FOIA) requests.

1.4.4.1.2.8. Establishes drug testing statistical requirements and aggregates biometric data on the AFCDTP.

1.4.4.1.2.9. Identifies and assesses drug abuse trends and monitors quality assurance (QA) inspections of the USAF-designated forensic drug testing laboratory. The QA inspection assesses the performance of the laboratory and its adherence to HHS and DoD requirements.

1.4.4.1.2.10. Provides oversight for MRO functions.

1.4.4.2. The MAJCOM Surgeon General (SG)

1.4.4.2.1. Is the OPR for the command-level AFCDTP.

1.4.4.3. The MAJCOM Staff Judge Advocate (SJA)

1.4.4.3.1. Is the MAJCOM OCR assisting the Command SG, MAJCOM A1, and MAJCOM Director of Services (SV) in managing the legal aspects of the MAJCOM AFCDTP.

1.4.4.4. MAJCOM Behavioral Health Consultant/MAJCOM DDRPM

- 1.4.4.4.1. Ensures that each installation has in place a mechanism to provide adequate training of personnel assigned to the base-level DDRPM and DTPAM functions.
- 1.4.4.4.2. Responsible for assessing drug abuse trends and maintaining statistical data for bases in their command.
- 1.4.4.4.3. Works with the base level DDRPM to resolve issues that cannot be solved at the installation level.
- 1.4.4.4.4. Coordinates reporting of civilian drug testing data from their bases for inclusion in the Federal Drug Free Workplace Act report.
- 1.4.5. Air Force Personnel Center (AFPC)
 - 1.4.5.1. Ensures Quality Control (QC) reports are available for use.
 - 1.4.5.2. Collects requests for adding TDP, processes them, and provides to AF/A1 for coordination and authorization.
- 1.4.6. Servicing Civilian Classification Function
 - 1.4.6.1. Ensures appropriate TDP statement is described in position descriptions under the “Other Significant Facts” or “Conditions of Employment/Other Significant Facts” area of the position description.
- 1.4.7. Installation
 - 1.4.7.1. The Installation Commander
 - 1.4.7.1.1. Ensures the AFCDTP is conducted IAW the guidelines established in this AFI.
 - 1.4.7.1.2. Ensures the installation’s civilian drug testing program is adequately staffed.
 - 1.4.7.1.3. Appoints in writing a DDRPM, who is supervised by the installation commander or his/her designee (not lower than Director of Staff).
 - 1.4.7.1.4. Appoints in writing a DTPAM.
 - 1.4.7.1.4.1. The DTPAM must serve for a minimum period of three (3) consecutive months. It is highly preferable that the DTPAM be permanently assigned or appointed to serve a minimum term of twelve (12) consecutive months to ensure a high level of program integrity. The DTPAM position will not be solely sourced by MTF resources and if not permanently filled should be, at a minimum, rotated among installation organizations.
 - 1.4.7.2. Staff Judge Advocate (SJA)
 - 1.4.7.2.1. Advises commanders, supervisors, the HRR, the DDRPM, DTPAM, and other base officials and agencies regarding legal aspects of the drug testing program.
 - 1.4.7.2.2. Evaluates compliance with chain of custody collection and procedures under provisions stated in this instruction each quarter.
 - 1.4.7.3. The Human Resources Representative (HRR) (Appropriated Funds Employees)

1.4.7.3.1. Ensures TDP have appropriate statements in position descriptions/core documents and the Defense Civilian Personnel Data System (DCPDS) are coded to identify covered positions. Provides accurate listing of TDP with corresponding full names to the DDRPM each month.

1.4.7.3.2. Ensures all employees subject to random testing and applicants tentatively selected for TDP receive individual notices prior to being assigned to the positions as described in Section B, *Scope of Testing*, of this AFI. Ensures current non-TDP employees selected to transfer into TDP receive a 30-day notice of AFCDTP requirements prior to transferring. Advises supervisors to file a copy of the signed notice in the Supervisor's Employee Work Folder. When an employee is moved from one TDP to another, the employee's official personnel folder (OPF) should be reviewed to ensure notice has been issued, received and acknowledged by the employee.

1.4.7.3.3. Upon receipt of an MRO-verified positive or invalid test result from the DDRPM/DTPAM, the HRR provides appropriate guidance to supervisors.

1.4.7.4. The HRR (Non-Appropriated Funds Employees)

1.4.7.4.1. Identifies TDP to include appropriate statements in position descriptions and system coding of positions, and provides on a monthly basis, an accurate updated list of TDP to the DDRPM.

1.4.7.4.2. Provides new employees hired into TDP and current employees transferred into TDP a 30-day notice of the AFCDTP requirements.

1.4.7.4.3. Ensures all employees subject to random testing and applicants tentatively selected for TDP receive individual notices prior to being assigned to the positions as described in Section B, *Scope of Testing*, of this AFI. Advises supervisors to file a copy of the signed notice in the OPF and/or personnel file maintained by HRR. Notices are issued for specific positions and must be reissued when an employee is moved from one TDP to another.

1.4.7.4.4. Upon receipt of a MRO verified/validated positive or invalid test result from the DDRPM/DTPAM, the HRR provides notification and appropriate guidance to supervisors.

1.4.7.5. The Medical Treatment Facility (MTF) Commander and the Reserve Medical Unit Commander

1.4.7.5.1. Serves as the installation OPR for the AFCDTP.

1.4.7.5.2. Identifies services available for emergency treatment of drug and alcohol-related injury or illness that civilians incur while on duty.

1.4.7.5.2.1. Identifies services available for drug abuse detoxification on an emergency inpatient basis.

1.4.7.5.3. Refers to EAP for other drug treatment and rehabilitation on an outpatient basis.

1.4.7.5.4. Refers to EAP for medical counseling if medically required and authorized.

1.4.7.5.5. Establishes enrollment procedures in order to obtain third party collection of Defense Health Program (DHP) sponsored space available ADAPT services, if provided.

1.4.7.6. The ADAPT PM

1.4.7.6.1. Appointed in writing by the MTF commander.

1.4.7.6.2. Chairs the Civilian Rehabilitation Team.

1.4.7.6.3. Assists the Integrated Delivery Systems (IDS) in providing information to unit commanders, first sergeants, and supervisors on the AFCDTP, and training supervisors in the recognition, documentation, and referral of employees suspected of drug abuse.

1.4.7.6.4. Refers supervisors of civilian employees identified with performance and/or personal problems that may be related to illicit drug use or prescription drug abuse to the HRR.

1.4.7.6.5. Establishes a mechanism for initial substance abuse evaluation of all employees referred by their supervisors, self-referred, or identified through positive drug testing, and offers employees the opportunity for substance abuse counseling and treatment through referral agencies. Initial assessment and referral services will be provided at no cost to the civilian employee by the EAP, the ADAPT clinic, or equivalent.

1.4.7.6.5.1. Referral agencies may include any provider for which the employee has eligibility, which may include community services under Federal Employee Health Benefits Program or services provided on a reimbursable basis according to HHS/TRICARE guidelines as outlined in Air Force Handbook (AFH) 41-114, *Health Care for Eligible Civilians and Special Categories of Beneficiaries and Their Family Members*, Section E. When making referrals, consideration should be given to such factors as cost, insurance coverage, location, scheduling, etc.

1.4.7.6.5.2. Regardless of referral and/or treatment options chosen, the employee remains solely responsible for his or her behavior. Employees may be subject to disciplinary action based on the severity of their illicit drug use or prescription drug abuse.

1.4.7.6.6. Ensures confidentiality of initial assessment and referral information.

1.4.7.6.7. Maintains a list of rehabilitation or treatment organizations which provide counseling and treatment programs, and includes the following information on such organizations:

1.4.7.6.7.1. Name, address, and phone number.

1.4.7.6.7.2. Types of services provided.

1.4.7.6.7.3. Hours of operation, including emergency hours.

1.4.7.6.7.4. A contact person(s) name(s) and phone number(s).

1.4.7.6.7.5. Client specialization.

1.4.7.6.7.6. Other pertinent information.

1.4.7.6.8. If seen at ADAPT, documents and signs the referral plan for all employees referred for treatment.

1.4.7.6.9. If seen at ADAPT, advises the employee, both orally and in writing (see sample letter, [Attachment 13](#)) of the available options for counseling and/or rehabilitation services and the requirement to provide evidence to the supervisor that such services have been obtained IAW EO 12564. Also explains the option and benefit of the employee signing a statement authorizing the release of information regarding counseling and/or rehabilitation.

1.4.7.6.9.1. Acceptable evidence of treatment consists of a statement from the treatment provider indicating that the employee is receiving counseling and/or rehabilitation for the specific substance identified in the drug test. Failure to provide this minimum documentation may result in removal from Federal service for failing to obtain treatment.

1.4.7.6.9.2. The employee will also be advised that he/she is not required to authorize release of confidential information regarding counseling and/or rehabilitation such as treatment plans or progress reports. All information released to the supervisor may be considered in the determination of appropriate disciplinary action and employment decisions. Contact the servicing HRR if the employee requests union representation.

1.4.7.6.9.3. The employee should be referred to his/her supervisor. Employees seeking information on possible administrative consequences due to substance abuse will be referred to the base HRR.

1.4.7.6.10. If seen at ADAPT, documents evaluation and referral activities in medical and ADAPT clinic records. Ensures medical and ADAPT records of civilian personnel referred for assessment and/or treatment include: referral data, pertinent confidentiality and release of information, assessment data, diagnostic formulation, patient decision to accept or refuse treatment, appropriate treatment planning, case management or clinical services provided, and summary of status on termination, if appropriate.

1.4.7.7. The Drug Demand Reduction Program Manager (DDRPM)

1.4.7.7.1. Is responsible for all drug testing technical aspects of the AFCDTP under the direct supervision of the installation commander or his/her designee. The DDRPM is not responsible for clinical evaluation or referral aspects. These functions will be performed by EAP services or ADAPT.

1.4.7.7.2. Acts as the focal point for base level AFCDTP drug testing issues. Coordinates drug testing activities with the HRR and the SJA.

1.4.7.7.3. Assists the IDS in providing information to unit commanders, first sergeants, and supervisors on the AFCDTP, and training supervisors in the recognition, documentation, and referral of employees suspected of drug abuse.

1.4.7.7.4. Coordinates with squadron commanders or their equivalent and ADAPT PM to ensure supervisors are trained to recognize and address illicit drug use by

employees. Training will include: behavioral and performance patterns warranting referral for evaluation, procedures for referring employees for initial assessment, and the basis for, as well as the requirements of, the drug testing program.

1.4.7.7.5. Manages outreach activities as part of the overall AFCDTP for civilian employees and their supervisors, and provides AFCDTP materials to supervisors.

1.4.7.7.6. In coordination with the IDS, publicizes the AFCDTP at least annually.

1.4.7.7.7. Ensures all aspects of AFCDTP drug testing activities comply with established DoD and AF directives, instructions, and guidelines.

1.4.7.7.8. Ensures that the DTPAM is adequately trained and competent to perform the duties associated with the AFCDTP.

1.4.7.7.9. Safeguards sensitive medical information that testing may generate IAW AFI 33-332, *Air Force Privacy Act Program*.

1.4.7.7.10. Ensures timely notification, verbally and in writing, to the HRR and the employee's supervisor of all MRO-verified positive or invalid test results.

1.4.7.7.11. Maintains appropriate drug testing statistical data as required by higher headquarters and this AFI. Provides statistical updates, no less than, quarterly to the appropriate installation and MAJCOM agencies.

1.4.7.7.12. Compiles and submits the installation's annual Air Force Drug Free Workplace report to the MAJCOM DDRPM.

1.4.7.7.13. The DDRPM obtains data relating to personnel actions from the HRR for inclusion in the Federal Drug Free Workplace Act report.

1.4.7.7.14. The DDRPM directly supervises DTPAM.

1.4.7.8. Drug Testing Program Administrative Manager (DTPAM)

1.4.7.8.1. Coordinates drug testing activities with the DDRPM. In the absence of the DDRPM, the DTPAM will assume the notification responsibilities as outlined in **paragraph 4.4.6.9**.

1.4.7.8.2. Ensures specimens are collected, packaged, and transported to the drug testing laboratory according to the forensic requirements of this instruction and any guidance established by HQ AFMOA/SGHW.

1.4.7.8.3. In conjunction with the DDRPM, monitors the rate of untestable specimens and takes appropriate action to address unacceptable rates or negative trends.

1.4.7.8.4. Verifies results are received for every specimen sent for testing, tracks outstanding results, and performs follow-up with the testing laboratory to resolve issues of turnaround times, outstanding results, and untestable specimens. Communicates findings and proposed resolutions, to untestable discrepancies in writing, to the DDRPM.

1.4.7.8.5. Safeguards sensitive medical information that testing may generate in IAW AFI 33-332, *Air Force Privacy Act Program*.

1.4.7.9. Civilian Rehabilitation Team

1.4.7.9.1. The team consists of representatives of the ADAPT Program (Chairperson), the HRR, the individual's supervisor, and other base agencies, as deemed appropriate.

1.4.7.9.2. When requested by an employee, a rehabilitation team will convene to provide advice and assistance to supervisors and/or employees to facilitate counseling and/or rehabilitation efforts. During the course of counseling/rehabilitation, underlying issues may be identified, e.g., financial or family conflicts as well as problems in the work setting. Although the employee is ultimately responsible for his/her rehabilitation, the team may review the facts and make recommendations to the supervisor and/or employee. Such recommendations may include additional referrals, e.g., financial or family counseling, job training, work scheduling, reassignment and/or retirement options. When the employee has consented, in writing, to the release of confidential treatment information, the supervisor may request the team advice on the appropriateness of a treatment plan as well as whether the employee is making reasonable progress.

1.4.7.9.3. Regardless of the referral and/or treatment options chosen, the employee remains solely responsible for his or her behavior. Assertions that the counselor failed to consider one or more of the above factors in making a referral will not constitute either an excuse for continuing to use illicit drugs or a defense against disciplinary action if the employee is identified for subsequent drug abuse.

1.4.7.10. Unit Commander/Directorate

1.4.7.10.1. Will appoint in writing a Trusted Agent who meets the following criteria:

1.4.7.10.1.1. Receives and maintains rosters (IAW AFM 37-139, Table 44-5, Rule 1, <https://webri.ms.amc.af.mil/rds/index.cfm>) of individuals selected for urinalysis testing.

1.4.7.10.1.2. Ensures supervisors notify individuals selected for urinalysis testing no earlier than one hour prior to the scheduled starting collection time and no later than one hour prior to the scheduled end of collection time. For Geographically Separated Unit (GSU) members, the one-hour period may be extended by the commander.

1.4.7.10.1.3. Ensures the return of Commander's Notification Letters to the DDRPM or DTPAM with annotations of those members notified; those not notified; and/or those on leave, Temporary Duty (TDY), quarters, crew rest, or flying (with return dates)/ by the time specified by the DDRPM or DTPAM.

1.4.7.10.2. Must be an individual possessing unquestionable integrity and trustworthiness, and meeting the following criteria:

1.4.7.10.2.1. No UIF (AFI 36-2907, *Unfavorable Information File (UIF) Program*).

1.4.7.10.2.1.1. Individuals are ineligible to serve as Trusted Agents if they have a recent record (within five years) of conviction by courts-martial or civilian criminal court for matters not involving dishonesty, fraud, or drug abuse. Additionally, the individuals are ineligible if they have a record of

conviction by courts-martial or civilian court or have received non-judicial punishment under Article 15, Uniform Code of Military Justice (UCMJ), or a Letter of Reprimand or similar administrative action (Letter of Admonishment, Letter of Counseling) for misconduct involving dishonesty, fraud, or drug abuse (including use, possession, or distribution). Prior to assigning an individual to serve as a Trusted Agent, the unit commander will review the individual's Personnel Information File (PIF) or equivalent personnel record. Normally, misconduct, including drug abuse that occurred prior to entering active duty service in the Air Force should not be considered a bar to service as a Trusted Agent.

1.4.7.10.2.1.1.1. Commanders, on a case-by-case basis, make determinations as to whether or not conduct is/was dishonest and/or fraudulent, and may make exceptions to the rule articulated in [paragraph 4.6.11.2.1.1](#). Commanders will receive advice from the servicing SJA in situations in which it is unclear as to whether past misconduct is disqualifying.

1.4.7.10.2.1.1.2. No pending UCMJ action (courts-martial, Article 15) or pending administrative action (separation, Letter of Reprimand/Admonishment/Counseling for dishonesty, fraud, or other integrity offenses).

1.4.7.10.2.1.1.3. No medical or mental health (MH) conditions which will prevent them from performing their assigned duties as a Trusted Agent.

1.4.7.10.3. Ensures supervisors are appropriately trained and understand their responsibilities with regards to the AFCFTP.

1.4.7.10.4. Ensures individuals who have submitted urine specimens which are determined to be untestable by the drug testing lab are retested and their new urine specimens submitted to the drug testing lab for testing.

1.4.7.10.5. Ensures all employees receive continuing drug education IAW of this Instruction. For either Downloaded Computer-Based Training or Live Training, commanders are responsible for designating a manager (Unit Training Manager or Ancillary Training Monitor) to track training and upload course completion data into Advanced Distribution Learning Services (ADLS) to ensure full credit. Each unit is responsible for providing an annual training report to the installation DDRPM by 31 January for the previous calendar year with the number and percentage of new employees and new supervised trained, number and percentage of all supervisors trained, and the number and percentage of all employees trained. The Education and Training Flight should be involved in the process of meeting the requirements of this paragraph.

1.4.7.11. Supervisor

1.4.7.11.1. Receives and maintains notifications of individual(s) selected for urinalysis testing. [Attachment 6](#) is maintained indefinitely in the employee's official personnel file. [Attachments 6, 7 and 8](#) are maintained in the supervisor's employee work folder, [Attachment 12](#) is maintained in the supervisor's employee work folder for 90 days if the test result is negative. If the test result is positive, [Attachment 12](#) is maintained for 2 years.

1.4.7.11.2. Endorses notification to the employee and directs the individual selected for urinalysis testing to comply with the testing requirements. Provides initial notification to the employee, no earlier than, 2 hours prior to the scheduled collection time.

1.4.7.11.3. If the individual(s) selected for testing is/are not available, the lowest level supervisor available annotates a copy of the notification letter with an indication of the individual(s)'s status (leave, TDY, non-duty day) and forwards the status and return to duty date back to the DDRPM. If determined necessary, the DDRPM may require the notification letter be forwarded to the second level or higher supervisor verifying the individual(s)'s status and returns a copy of the notification letter to the DDRPM or DTPAM with annotations indicating the individual(s) is/are in the following status: Leave, TDY, non-duty day.

1.4.7.11.4. Ensures written notifications for individuals selected for testing under the AFCDTP are appropriately acknowledged (date and time of acknowledgment, as well as the individual's signature are evident) and a copy of such notification is maintained as applicable in either the Supervisor's Employee Work Folder or the NAF employee's OPF, for 90 days or until no longer needed to support follow on actions.

1.4.7.11.4.1. If Employee refuses to sign Supervisor annotates a copy of the notification letter with "employee refuses to sign," and forwards to the DDRPM. The supervisor then coordinates with the Chain of Command and HRR to determine appropriate administrative or disciplinary action.

1.4.7.11.5. Verifies all individuals selected for testing report to the collection site within the designated collection time.

1.4.7.11.5.1. Coordinates with the HRR for appropriate action on employees who fail to report for testing or refuse to sign the notification letter.

1.4.7.11.6. Except as locally modified to suit specific program responsibilities, first-line supervisors will:

1.4.7.11.6.1. Attend training sessions on illicit drug use in the workplace.

1.4.7.11.6.2. Request a reasonable suspicion test, after first making appropriate factual observations, documenting those observations, and obtaining concurrence from the HRR. (see **para. 5.3.4.2**)

1.4.7.11.6.3. In coordination with the HRR, refers employees for assessment and referral following a finding of illicit drug use. Assessment and referral services are provided through the EAP, if available, or the ADAPT clinic, if unavailable.

1.4.7.11.6.4. Initiates appropriate disciplinary action, in coordination with the HRR, concerning all actions involving the AFCDTP.

1.4.7.11.6.5. Ensures TDP have appropriate statement on position descriptions.

1.4.7.12. Employee

1.4.7.12.1. On notification of selection to provide a specimen, acknowledges receipt of the notification by endorsing with his or her signature.

1.4.7.12.2. Following acknowledgment of the receipt of notification, reports to the testing site within the established testing time. The employee is responsible for ensuring that he or she has in his or her possession a current photo identification (ID) card and the written notification signed by both the supervisor and the individual.

1.4.7.12.2.1. An APF employee who fails to comply with the requirement to provide a urine specimen, who alters or attempts to alter or solicits another to alter a specimen, or who provides an urine specimen which indicates illicit drug use, is subject to disciplinary action IAW AFI 36-704, *Discipline and Adverse Actions*.

1.4.7.12.2.2. A NAF employee who fails to comply with the requirement to provide a urine specimen, who alters or attempts to alter or solicits another to alter a specimen, or who provides a specimen which reports positive for one or more illicit substances, is subject to disciplinary action IAW AFMAN 34-310, *Nonappropriated Fund Personnel Management and Administration*, and the local bargaining unit contract, if applicable.

1.4.7.12.3. An APF employee, who fails to comply with conditions of employment as established by the HRR with specific requirements delineated in a last chance agreement and/or conditions defined by the Civilian Rehabilitation Team, is subject to disciplinary action IAW AFI 36-704, *Discipline and Adverse Actions*.

1.4.7.12.4. A NAF employee, who fails to comply with conditions of employment as established by the HRR with specific requirements delineated in a last chance agreement and/or conditions defined by the Civilian Rehabilitation Team, is subject to disciplinary action IAW AFMAN 34-310, *Nonappropriated Fund Personnel Management and Administration*, and the local bargaining unit contract, if applicable.

1.4.7.12.5. Will remain at the collection site until a specimen is provided via either normal collection or “shy bladder” collection procedures. If the time needed exceeds the donor duty day, the DDRPM or DTPAM will follow pre-established local policies/procedures for extending the duty day. An employee’s inability to produce an adequate sample within a reasonable period of time may be viewed as refusal to submit to a urinalysis and the employee may be subject to disciplinary action, IAW AFI 36-704 unless the employee can provide a medical reason for this/her inability to provide a sample. Disciplinary action may result in removal from federal service.

1.4.7.13. Integrated Delivery System (IDS)

1.4.7.13.1. Provides initial and annual education and training to first sergeants, commanders, supervisors, and employees, on types and effects of drugs, symptoms of drug use and its impact on performance and conduct, and related treatment, rehabilitation, and confidentiality issues. Training will include: behavioral and performance patterns warranting referral for evaluation, procedures for referring employees for initial assessment, and the basis for, as well as the requirements of, the drug testing program.

1.4.7.14. Others

1.4.7.14.1. Drug Testing Laboratory

1.4.7.14.1.1. The Responsible Person (RP) of the drug testing laboratory ensures

specimens are tested and managed according to the Memorandum of Agreement between AFMOA and United States Army Fort Meade Forensic Toxicology Drug Testing Laboratory, North Atlantic Regional Medical Command.

1.4.7.14.2. Employee Unions

1.4.7.14.2.1. Management and the Unions both recognize the importance of a drug free workplace for safety and health reasons. Employees who voluntarily seek assistance with substance abuse issues may not be under threat of disciplinary action if they adhere to the requirements of the "Safe Haven" criteria IAW 1.28.1.

1.4.7.14.3. Air Force personnel should report to the command actual or suspected illicit drug use or related criminal activity occurring on or off the base, and directed toward, or potentially harmful to, persons or property. This activity includes using, buying, stealing, transferring, selling, smuggling, making illicit drugs, or committing a crime to support a drug habit.

Section 1B—Scope of Testing

1.5. Applicability and Types of Testing

1.5.1. All specimens will be tested for evidence of consumption of drugs approved by the HHS for testing on an agency-wide basis. Other drugs will be tested as requested on the chain of custody document with prior approval of HQ AFMOA/SGHW. Prior to initiating reasonable suspicion testing, supervisors must receive the advice of the servicing SJA and servicing HRR (see [para 5.4.3.2](#)).

1.5.2. When conducting reasonable suspicion, post accident, or unsafe practice testing, the Air Force may have a urine specimen tested for any drug listed in Schedule I or II of the Controlled Substance Act. Decisions regarding testing for use of Schedule I or II controlled substances shall be made based on adequate evidence by the employee's second level supervisor, after consultation with the servicing SJA and HRR.

1.5.3. Types of Drug Testing

1.5.3.1. Tentative Selectee Testing

1.5.3.1.1. Includes external applicants or current employees tentatively selected for assignment to a TDP covered position.

1.5.3.1.1.1. Vacancy announcements must contain a statement informing applicants that drug testing is a condition of employment. If vacancy announcements are not used, tentative selectees must be informed prior to finalizing the selection, and a written record of the notification must be maintained by the HRR and/or supervisor. In addition, each tentative selectee will be notified that appointment to the position will be contingent upon the receipt of notification that the specimen did not reveal evidence of illicit drug use.

1.5.3.1.1.2. The Air Force will decline to extend a final offer of employment to any tentative selectee with a MRO verified/validated positive test result for illicit drugs and action may be initiated to bar such person from future employment with the agency under procedures specified in the Office of Personnel Management

(OPM) Regulations. Air Force objections to preference eligible's that are based on the results of a MRO verified/validated positive pre-employment drug screen are considered medical disqualifications or passovers. These objections are referred to OPM for adjudication. They **SHOULD NOT** be processed as suitability cases. The HRR will notify the applicant that the employment is denied on the basis of failure to pass the drug testing requirement. For those APF employees tested after appointment, procedures in AFI 36-704, *Discipline and Adverse Actions* or AFI 36-1001, *Managing the Civilian Performance Program* as appropriate, must be used to take appropriate administrative action. For NAF employees tested after appointment, procedures in AFMAN 34-310, *Nonappropriated Fund Personnel Management and Administration* must be used to take appropriate administrative action. The provisions pertaining to rehabilitation as outlined in Section H of this plan do not apply since employment is conditional on satisfactory completion of a drug test.

1.5.3.1.2. Notification of Tentative Selectees

1.5.3.1.2.1. Applicants being considered for positions designated as TDP will read and acknowledge notice that a condition of employment shall be the participation in random drug testing. (See samples at **Attachments 5 and 6**). Upon final selection, the notice will be filed in the OPF and a copy may also be filed in the Supervisor's Employee Work Folder for APF employees or equivalent for NAF employees.

1.5.3.1.2.2. Applicants will be provided specific notice as to when and where to report for actual testing. For post appointment testing, the sample notice at **Attachment 12** may be used. For pre-appointment testing, an individual notice should be prepared to include information as to how to access the collection site including phone numbers and any instructions appropriate to someone unfamiliar with the installation.

1.5.3.1.3. Timing of Drug Testing

1.5.3.1.3.1. For tentative selectees located within reasonable travel distance of the employing activity, a urine specimen for drug testing must be collected within 48 hours after the applicant accepts a tentative offer of employment and prior to actual appointment. A reasonable travel distance will be determined by the employing activity.

1.5.3.1.3.2. For tentative selectees located beyond a reasonable travel distance from the employing activity, urine specimen collection for drug testing may be undertaken at a DoD collection site designated by the employing activity within 72 hours of reporting for employment.

1.5.3.2. Random Testing

1.5.3.2.1. The Air Force will randomly test employees in positions that have been identified by Civilian Personnel as TDP.

1.5.3.2.1.1. Individuals whose specimen is MRO-verified as positive for the presence of an illicit drug without legitimate reason will immediately be temporarily reassigned and denied access to classified information. The

employee must be removed from the TDP. However, following consultation with the SJA and HRR, the squadron commander equivalent or higher may in his/her discretion, and as part of an employee rehabilitation program, allows an employee to return to duty in a sensitive position if the employee's return would not endanger public health or safety or national security.

1.5.3.2.1.2. The Air Force will randomly test civilian employees at a minimum rate consistent with guidelines established by ASD (HA). HQ AFMOA/SGHW will review drug testing utilization through reports generated from the drug testing laboratory.

1.5.3.2.1.2.1. Frequency of testing will be no less than two times per month. Selection of test days will be randomized through use of the Air Force Drug Testing Program Software (AFDTPS). Exemptions from the use of this software must be approved by HQ AFMOA/SGHW. Frequency of random drug testing must conform to levels established by the DoD and AF and must be based on a percentage of the TDP end strength. Installations with less than 24 TDP may test at less than two times per month as long as randomization and 100 percent Fiscal Year (FY) requirement is met.

1.5.3.2.1.3. The DDRPM and DTPAM will ensure that the names selected under random selection, as well as the times and date(s) of the testing, are closely guarded to ensure confidentiality until the actual testing date(s).

1.5.3.2.1.4. The DDRPM or DTPAM will notify the employee's commander/directorate head or designated representative (trusted agent), who in turn will notify the employee's immediate supervisor. The supervisor will notify the employee in writing of the requirement to provide a urine specimen. A sample notification letter is provided at [Attachment 12](#).

1.5.3.2.1.4.1. The supervisor will notify the employee of the requirement to provide a urine specimen within two hours of the time of notification. Notification shall occur on the same day the test is scheduled, no earlier than one hour prior to the scheduled starting collection time. The supervisor will explain to the employee that the employee's name was selected randomly for urinalysis testing.

1.5.3.2.1.4.2. If the individual(s) selected for testing is/are not available, the lowest level supervisor available annotates a copy of the notification letter with an indication of the individual(s)'s status (leave, TDY, non-duty day) and forwards the status and return to duty date back to the DDRPM. The DDRPM may require the notification letter be forwarded to the second level or higher supervisor to verify the individual(s)'s status. The appropriate supervisor returns a copy of the notification letter to the DDRPM or DTPAM with annotations indicating the individual(s) is in leave status, TDY, or non-duty day. The DDRPM or DTPAM enters the employee's return date in the random drug testing software program and sends another selection notification on the first scheduled testing day after the employee returns to duty.

1.5.3.2.1.4.2.1. Occasionally, selection and notification for collection of a

urine specimen comes at a time when an employee is engaged in a mission critical task. Commanders and directorate heads may defer notification of selection until selected employees are no longer engaged in mission critical functions. For employees who are improperly deferred, the DDRPM should report the inappropriate deferral to the commander of the individual who made the improper deferment for appropriate action.

1.5.3.2.1.4.2.2. Supervisors may defer testing for employees on leave, TDY, or non-duty day on the day of testing but the first-level supervisor must ensure the employee is tested on the first selection day after they return to duty (see [Attachment 12](#)).

1.5.3.2.1.4.3. An employee whose random drug test is deferred will be subject to urine specimen collection on the next selection day within one hour of his/her notification. The employee will not be notified of his/her selection for urine specimen collection until after his/her return to duty. The supervisor of an employee whose collection has been deferred will coordinate with DDRPM/DTPAM prior to notifying an individual selected for testing.

1.5.3.2.2. The DDRPM, after consulting with the HRR, will establish procedures for the testing of geographically-separated employees, employees who work off-peak shifts (i.e. alternate duty schedules), and other unique situations not covered above.

1.5.3.2.2.1. The DDRPM, after consulting with the HRR, will establish procedures (when necessary) for the testing of geographically-separated employees to include coordination as necessary with the DDRPM at another location to arrange for testing of employees who work at off-site duty locations.

1.5.3.3. Reasonable Suspicion Testing

1.5.3.3.1. Reasonable suspicion is a specific and fact-based belief that an employee has engaged in illicit drug use, and that evidence of illicit drug use is presently in the employee's body, drawn from specific and particularized facts, and reasonable inferences from those facts. This testing may be based on a reasonable suspicion of illicit drug use on or off duty. If an employee is suspected of illicit drug use or in possession of drug paraphernalia, the appropriate supervisor will gather all information, facts, and circumstances leading to, and supporting this suspicion. The following are some examples of factors that may serve as the basis for determining reasonable suspicion:

1.5.3.3.1.1. Direct observation of illicit drug use or possession and/or physical symptoms of being under the influence of a controlled substance. Physical symptoms are based on the behavior, speech, appearance, and body odors of the employee.

1.5.3.3.1.2. A pattern of abnormal conduct or erratic behavior consistent with the use of illicit drugs where no other rational explanation or reason for the conduct is readily apparent.

1.5.3.3.1.3. Evidence of drug-related impairment supported by hearsay from identified or unidentified sources supported by corroboration from a manager or

supervisor with training and experience in the evaluation of drug-induced job impairment.

1.5.3.3.1.4. Recent arrest or conviction for a drug-related offense, or the identification of an employee as the focus of a criminal investigation into illicit drug possession, use or trafficking.

1.5.3.3.1.5. Information of illicit drug use provided either by reliable and credible sources or independently corroborated.

1.5.3.3.1.6. Evidence the employee has tampered with or avoided a recent or current drug test.

1.5.3.3.2. A supervisor in the employee's chain makes the determination, after coordination with the SJA, as to whether reasonable suspicion exists in any given case. The supervisor will prepare a written memorandum in a timely manner to include, at a minimum, the appropriate dates and times of reported drug-related incidents, the reliable/credible sources of information considered (i.e., the rationale leading to the test). The supervisor's determination that a reasonable suspicion urinalysis is warranted must be coordinated with a supervisor within the functional chain of supervision, the HRR, and an attorney from the servicing SJA's office. Once complete, the written memorandum supporting the reasonable suspicion urinalysis will be maintained by the DDRPM's office for at least two years.

1.5.3.3.3. The supervisor will notify the employee in writing of the requirement to provide a urine specimen (under direct observation). The notice to the employee should specify that the basis for the test is reasonable suspicion of illicit drug use. Include the requirement to provide the urine specimen under direct observation. A sample notification letter is provided at [Attachment 8](#).

1.5.3.4. Employees will be subject to testing for evidence of illicit drug use, based upon the circumstances of an accident or safety mishap, if the member's supervisor reasonably concludes an employee's conduct may have caused or contributed to an accident or safety mishap involving personal injury that requires emergency medical treatment, a fatality, or at least \$2,000 in property damage. If needed, supervisors should consult organizational medical and safety experts in determining when these thresholds have been met.

1.5.3.4.1. When an accident or safety mishap meets any of the above criteria, a supervisor in the employee's chain of command will gather all information, facts, and circumstances leading to and supporting this determination. The appropriate supervisor will promptly detail for the record and in writing, how the circumstances meet the criteria warranting testing. A written memorandum will be prepared to include, at a minimum, the appropriate dates and times of the accident/mishap, and the reliable/credible sources of information, leading to the rationale to conduct the test. This determination will be coordinated with a higher level supervisor in the functional chain of supervision, the HRR, and an attorney from the SJA's office. The supervisor will notify the employee in writing of the requirement to provide a urine specimen. The notice to the employee should specify that it is a safety/mishap test. A sample notification letter is provided at [Attachment 7](#).

1.5.3.4.2. The supervisor and collection site personnel will coordinate urine specimen collection with appropriate Safety personnel.

1.5.3.5. Voluntary Testing

1.5.3.5.1. Employees not in TDP may volunteer for unannounced random testing by notifying the HRR. The HRR must, in-turn, notify the DDRPM or DTPAM.

1.5.3.5.2. Volunteers will be included in the pool of TDP subject to random testing and be subject to the same conditions and procedures as outlined in this AFI.

1.5.3.5.3. An employee who volunteers for the random testing program will remain in the TDP pool until the employee withdraws from participation by notifying the HRR. Volunteers will remain in the TDP pool for the duration of the position which the employee holds, or until the employee withdraws from participation by notifying the program liaison (PL) of such intent at least 48 hours prior to being scheduled for a random test.

1.5.3.6. Rehabilitation (Follow-up) Testing

1.5.3.6.1. All employees referred for counseling or treatment for illicit drug use will be subject to unannounced testing for a minimum of one year from the time of initiated rehabilitation services.

1.5.3.6.2. Frequency and duration of testing will be determined by the Civilian Rehabilitation Team or as stipulated in an abeyance (last chance) agreement.

1.5.3.7. Consent Testing

1.5.3.7.1. After consultation with the SJA, a supervisor may ask any civilian employee to consent to provide a urine specimen for drug testing at any time. The consent must be knowing and voluntary. An employee who consents to providing a urine specimen whose specimen tests positive for an illicit drug without a legitimate medical reason is not exempt from disciplinary actions as defined in the Safe Haven Provision, [paragraph 1.28](#), of this AFI.

1.5.3.7.2. Whether collection of the specimen will be by direct observation will depend upon consent of the employee. A sample consent letter for obtaining a consent urinalysis is provided at [Attachment 15](#).

1.5.3.7.3. Consent testing must be annotated on the chain of custody form in step 1 under "Other."

Section 1C—Designation of Testing Positions

1.6. Designation of Testing Designated Positions (TDP)

1.6.1. **Attachments 2 and 3** list testing designated positions subject to random drug testing. These positions involve work that impacts national security, public health and safety, protection of life and property, or otherwise require a high degree of trust and confidence.

1.6.2. The Air Force reserves the right to add and/or delete categories and types of positions in **Attachments 2 and 3** based on applicable law and policy.

Section 1D—Employee Notifications

1.7. Notice to Current Employees

1.7.1. The HRR must ensure all employees receive written notice when assigned to a TDP. This notice is normally provided upon the selection or entrance on duty. For those employees who do not have a notice on file, one must be provided. An employee whose position is newly designated as a TDP, or who moves from a non-TDP to a TDP, must be provided the appropriate notice specifically identifying the position to which he/she is being assigned. For employees transferring from one TDP to another TDP, the HRR shall ensure notice is maintained on file and re-issue notice if it cannot be located.

1.7.2. The HRR must ensure a specific written notice is given to each employee in a TDP no later than 30 days before an installation's drug testing program commences. Employees who have an appropriate notification on file for the position they occupy need not be provided additional notification upon implementation of this plan since the 30-day advance notice period requirement has been satisfied. Random testing may continue without interruption. A sample acknowledgment for HRR use is provided in [Attachment 4](#).

1.7.3. Employees who are currently not subject to testing and are tentatively identified for placement in a TDP will be provided written notice before the action to place the employee into the TDP is finalized (See sample at [Attachment 5](#)). The employee will not be subject to random testing for 30 days from the date the notice of testing was acknowledged.

1.7.3.1. Vacancy announcements, if used for internal placements, must include a statement informing employees that drug testing is a requirement of the position being filled. If a vacancy announcement is not used, candidates must be informed of the testing requirement prior to management making a final placement determination. Failure to include this statement in the vacancy announcement will not preclude internal applicant testing, if advanced written notification is provided to the applicant.

1.7.3.1.1. To receive further consideration for the position, the employee must sign the notice and agree to submit to urinalysis testing (See sample at [Attachment 6](#)).

1.7.3.1.2. If after receipt of the notice, the employee refuses to provide a urine specimen as requested, or if illicit drugs are detected through a verified/validated positive test result, he/she will be denied further consideration for the position. Current employees of the agency may be subject to disciplinary action, including removal, if warranted by the facts of the situation.

1.8. Contents of Notices

1.8.1. Written notification to employees informing them that a position is designated for random testing will include:

1.8.1.1. Notice that the employee's position, or one into which the employee is tentatively identified for placement, is a TDP or is identified to be a TDP.

1.8.1.2. Notice of the availability and procedures necessary to obtain substance abuse counseling and treatment.

1.8.1.3. Information regarding the opportunity to submit medical documentation that may support legitimate use of a specific drug.

1.8.1.4. For those employees newly subject to random drug testing, notice that the employee will have the opportunity to voluntarily identify himself/herself as a user of illicit drugs and to receive counseling or treatment during the 30-day notice period under the “safe haven” provisions in Paragraph 1.28, and that the employee will be subject to random testing no earlier than 30 days following acknowledgment of new position designation as TDP.

1.8.1.5. Each employee in a TDP will acknowledge in writing that he/she has received and read the notice which states the employee's position has been designated for random drug testing and that refusal to submit to testing may result in disciplinary action, up to, and including removal.

1.9. Employee Signed Acknowledgment

1.9.1. Written employee notifications with signed statements acknowledging receipt by the employee will be forwarded by the HRR to AFPC for retention in the OPF.

1.9.2. If the employee refuses to sign the acknowledgment, the employee's supervisor and additional witness will document on the acknowledgment form that the employee received the notice and refused to sign. The notification will be forwarded by the HRR to AFPC for retention in the OPF. A copy may also be maintained in the Supervisor's Employee Work Folder. An employee's failure to sign the notice will not preclude testing that employee, or otherwise affect the implementation or execution of this program.

Section 1E—Technical Guidelines for Drug Testing

1.10. General Considerations

1.10.1. The Air Force will adhere to scientific and technical guidelines for drug testing programs outlined by HHS consistent with the authority granted by EO 12564, and the requirements of the Anti-Drug Abuse Act of 1988.

1.10.2. Air Force collection personnel will be trained in rigorous analytical standards, quality assurance requirements, and strict confidentiality requirements for urinalysis procedures.

1.10.3. All civilian specimens will be tested at an approved HHS-certified laboratory.

1.10.4. Unless covered by exception below, any individual subject to testing under this program will be permitted to provide urine specimens in private, in a rest room stall or similar enclosure, so that the employee is not directly observed while providing the sample.

1.10.5. Same-gendered collection site personnel (DDRPM or DTPAM or other trained observer) will observe the individual providing the urine specimen when collection site personnel have reason to believe that a particular individual may alter or substitute the specimen to be provided when the individual is being tested due to reasonable suspicion testing; accident or safety mishap testing; rehabilitation testing following a laboratory verified/validated result; the facts and circumstances suggest that the individual is an illicit drug user; facts and circumstances suggest that the individual is under the influence of drugs at the time of the test; the individual has previously been found by the agency to be an illicit drug user; facts and circumstances suggest that the individual has equipment or implements capable of tampering with or altering urine samples; the individual has previously tampered

with a sample; or, the temperature of the urine specimen is outside the acceptable range as established by HHS.

1.11. The DDRPM or DTPAM

1.11.1. The DDRPM or DTPAM performs essential steps in conducting a urine specimen collection for drug testing as established in the HHS Mandatory Guidelines.

1.11.2. A specimen collector is an AF representative who instructs and assists individuals at a collection site and who receives and makes an initial examination of the urine specimen provided by those individuals.

1.11.3. DDRPMs and DTPAMs must meet the same job qualification requirements as delineated in AFI 44-120, *Military Drug Demand Reduction Program*. DDRPMs and DTPAMs will have received training in collecting urine specimens IAW the HHS Mandatory Guidelines for Federal Workplace Drug Testing Programs.

1.11.4. In the interest of integrity, a donor cannot perform the functions of the DTPAM regarding his or her own urine specimen. The supervisor of a donor cannot perform the functions of the DTPAM unless there is no feasible alternative, as determined by the commander, in consultation with the SJA. The roles of the DTPAM and observer will be conducted in a way as to maximize integrity of the collection process.

1.11.5. When a collection must be performed under direct observation, the observer must be the same gender as the donor. There is no exception to this requirement.

1.11.5.1. DDRP staff will ensure that the escort and/or observer receive the observer/escort briefing prior to testing. See **Attachments 16 and 17** for observer and escort briefings, respectively.

1.12. The Collection Site

1.12.1. A collection site may be a permanent or temporary facility located either at the work site or at a remote site. The term "collection site" refers to the entire facility used to collect the urine specimen, that is, the rest room or toilet stall and the work area used by the DDRPM or DTPAM.

1.12.2. A collection site must at a minimum:

1.12.2.1. Allow the donor to have privacy while providing the urine specimen.

1.12.2.2. Have a source of water or moist towelettes for washing hands with water only located outside of the immediate area (e.g., stall) used by employees to produce urine specimens. The donor shall be instructed to wash with water only and dry his/her hands prior to urination.

1.12.2.3. Have a work area for the DDRPM or DTPAM.

1.12.2.4. Allow the DDRPM or DTPAM to restrict access to the site during the collection.

1.12.3. Any of the following could be used to collect urine specimens provided the area can be arranged to satisfy the minimum requirements listed above:

1.12.3.1. All types of restrooms (e.g., male or female, employee, doctor's office, hospital, and clinic).

1.12.3.2. Mobile facility (e.g., a vehicle with an enclosed toilet).

1.12.4. The DDRPM or DTPAM's work area should be located outside the restroom.

1.12.5. To ensure security at a collection site while collections are being conducted, the following measures must be taken:

1.12.5.1. Restrict access to only authorized personnel.

1.12.5.2. Restrict access to collection materials/supplies.

1.12.5.3. Prohibit unobserved entrance/exit to/from the site.

1.12.5.4. Provide for secure handling/storage of specimens from collection until shipment. Security and specimen handling procedures may vary significantly depending on whether the collection site is at a permanent or temporary location. When the collection site is a permanent facility that is used primarily for collections, all materials and supplies are readily available and there will normally be cabinets, lockers, or refrigerators that can be used to secure specimens prior to shipment to the laboratory. Additionally, all records are maintained at the permanent site with appropriate copies of documents being sent to the laboratory, Air Force offices with appropriate need to know, and MRO. For temporary or remote collection sites, all supplies are brought to the site and then the site is returned to its original condition and normal use. In these cases, the DDRPM or DTPAM will normally transport the records and specimens to another location (i.e., unless the specimens are shipped to the laboratory directly from the temporary collection site). This other location will then be used to store records, prepare specimens for shipment to the laboratory (if applicable), and distribute documents as required. With the transfer of records and specimens, which may occur when a temporary site is used, a primary concern for the DDRPM or DTPAM is to ensure that chain of custody is maintained for the specimens.

1.12.6. In final preparation of the site, any water supply available in the collection site must be controlled to prevent the donor from attempting to dilute the specimen. This includes any water supply in an immediately adjacent area to which the donor may have access prior to handing the specimen to the DDRPM or DTPAM. A bluing agent must be added to the tank or toilet bowl that is accessible to the donor. The following are acceptable ways to control access to a water supply:

1.12.6.1. Use tape to prevent opening/turning faucet handles.

1.12.6.2. Close the shutoff valve for the water supply. If access to a water supply in the rest room cannot be controlled, the DDRPM or DTPAM may tell the donor that he or she will be listening at the entrance to the rest room for any sounds associated with the donor attempting to use the available sources of water. Alternatively, the DDRPM or DTPAM may enter the rest room with the donor if the DDRPM or DTPAM is the same gender as the donor, but remains outside the toilet stall.

1.13. Collection Supplies

1.13.1. The DDRPM or DTPAM must ensure that the following supplies are available to conduct proper collections:

1.13.1.1. Clean (single-use) wrapped or sealed, specimen bottles with appropriate caps/lids.

1.13.1.2. Clean (single-use) wrapped or sealed, collection containers for each donor to urinate into. Use of a collection container is optional, but highly recommended, if the specimen bottle neck or opening is small.

1.13.1.3. Temperature strips that can be attached to the exterior surface of collection containers or specimen bottles to measure the temperature within four minutes after the donor gives the specimen container/bottle to the DDRPM or DTPAM. If the temperature strip does not appear to be working properly, the DDRPM or DTPAM must take the specimen temperature with a temperature measuring device that has a sterile sleeve or other methodology to prevent contamination of the specimen.

1.13.1.4. Appropriate temperature measuring device that can be used to measure a donor's body temperature if the temperature of the specimen is outside of the range listed in the *Mandatory Guidelines for Federal Workplace Drug Testing Programs* (32-38 C/90-100 F).

1.13.1.5. Federal Drug Testing Custody and Control Forms (CCF). See paragraph 14 for instructions to complete CCFs.

1.13.1.6. Tamper-evident labels/seals for the specimen bottles that have the same preprinted specimen ID number that appears on the CCF. The appropriate labels/seals are provided with each CCF. The tamper-evident seal also serves as a label; therefore, it will be referred to either as the tamper-evident label/seal or as the label/seal.

1.13.1.7. Separate supply of tamper-evident seals. Occasionally, the tamper-evident label/seal provided with the CCF will not properly adhere to the specimen bottle because of environmental conditions (e.g., moisture, temperature and specimen bottle material). When this occurs, the DDRPM or DTPAM should have a separate tamper-evident seal that can be used to seal the specimen bottle. If after two attempts, the tamper-evident label/seal provided will not properly adhere to the specimen bottle because of environmental conditions then the sample will be disregarded and another opportunity to provide a sample will be scheduled.

1.13.1.8. Leak-proof plastic bags in which sealed specimen bottles are placed prior to shipment to the laboratory.

1.13.1.9. Absorbent material that is placed inside the leak-proof plastic bag in case the specimen bottle leaks during shipment.

1.13.1.10. Shipping containers/mailers that can be labeled for transporting specimens to the laboratory and that can be securely sealed to eliminate the possibility of undetected tampering. The above items are supplied, as collection kits (i.e. each collection kit contains the items needed to collect a specimen from a donor and send it to a laboratory for testing).

1.13.1.11. Bluing agent to add to water in the toilet bowl or tank to discourage adulteration or dilution of the specimen.

1.13.1.12. DDRPM or DTPAM should have appropriate ID. The DDRPM or DTPAM is required to provide his or her ID if requested by the donor. The DDRPM or DTPAM is not required to provide any certification or other documentation to the donor proving the DTPAM's training in the collection process.

1.13.1.13. Storage box, area, or place where specimens can be stored before shipment to the laboratory. If a specimen is not immediately prepared for shipment after collection, chain of custody must be maintained by placing the specimen in a secured temporary location (e.g., inside a storage area that is always maintained within the line of sight of the DDRPM or DTPAM to ensure that no one has access to the specimen).

1.13.1.14. HHS requires the DDRPM or DTPAM wear single-use disposable gloves while handling specimens. The Occupational Safety and Health Administration (OSHA) published specific guidelines addressing protection of employees who may be exposed to potentially infectious body fluids (29 Code of Federal Regulations (CFR) Part 1910.1030).

1.14. Federal Drug Testing Custody and Control Form (CCF)

1.14.1. All urine specimens must be collected while maintaining chain of custody. Chain of custody is the term used to describe the process of documenting the handling of a specimen from the time a donor provides the specimen to the DDRPM or DTPAM until the results are reported by the designated drug testing laboratory.

1.14.2. For all specimens collected, an Office of Management and Budget (OMB) approved CCF, must be used to document the collection of a specimen at the collection site.

1.14.3. The CCF consists of the following five copies.

1.14.3.1. "Copy 1. Original." Must accompany specimen to the laboratory.

1.14.3.2. "Copy 2." MRO copy.

1.14.3.3. "Copy 3." Collector copy.

1.14.3.4. "Copy 4." Supervisor copy, for inclusion, within the supervisor's employee work folder.

1.14.3.5. "Copy 5." Donor copy.

1.14.4. The reverse side of Copy 5 and [Attachment 11](#) of this instruction provide guidance on completing the CCF.

1.15. Donor Identification (ID)

1.15.1. The donor must be positively identified as the individual selected for testing. Acceptable methods of ID are:

1.15.1.1. State or Federal government-produced official photo ID (e.g., driver's license or ID card, etc.); or

1.15.1.2. Positive ID by a supervisor.

1.15.2. The following are **not** acceptable ways to identify the donor:

1.15.2.1. ID by a co-worker or another donor.

1.15.2.2. Single non-photo ID card (e.g., social security card, credit card, union or other membership cards, pay vouchers, voter registration card).

1.16. Collection Steps

1.16.1. The following steps describe a typical urine collection procedure under the Mandatory Guidelines as established by HHS. Errors or omissions in some of the steps may result in a specimen being unacceptable for testing at the laboratory, or the results being declared invalid, upon review by the MRO.

1.16.1.1. After preparing the collection site and verifying the ID of the donor, the DDRPM or DTPAM ensures that the required information is provided in Step 1 of the CCF. This includes:

1.16.1.1.1. Submitting of unit's name, address, and ID number (if applicable).

1.16.1.1.2. MRO's name and address.

1.16.1.1.3. Donor's social security number (SSN) or specimen ID number, if individual refuses to use SSN.

1.16.1.1.4. Reason for test (i.e., random, reasonable suspicion, etc.).

1.16.1.1.5. Tests to be performed (i.e., drugs for which the specimen will be tested). When conducting reasonable suspicion, post accident, or unsafe practice testing, the Air Force agency may have a urine specimen tested for any drug listed in Schedule I or II of the Controlled Substances Act.

1.16.1.1.6. Collection's site address.

1.16.1.1.7. Collector's phone number.

1.16.1.1.8. Collector's fax number.

1.16.1.2. The DDRPM or DTPAM asks the donor to remove any unnecessary outer clothing such as a coat or jacket that might conceal items or substances that could be used to tamper with or adulterate the donor's urine specimen. The DDRPM or DTPAM shall ensure that all personal belongings such as a purse or briefcase remain with the outer garments. The donor may retain his or her wallet. The DDRPM or DTPAM directs the donor to empty his or her pockets and display the items to ensure that no items are present that could be used to adulterate the specimen. If nothing is there that can be used to adulterate the specimen, the donor places the items back into the pockets and the collection procedure continues. If the donor refuses to show the DDRPM or DTPAM the items in his or her pockets, this is considered a "refusal to test." If an item is found that appears to be brought to the collection site with the intent to adulterate the specimen, a direct observation procedure shall be used. If the item appears to be inadvertently brought to the collection site, the DDRPM or DTPAM shall secure the item and continue with the normal collection procedure.

1.16.1.3. The DDRPM, DTPAM, or escort instructs the donor to wash (with water only) and dry his or her hands, preferably under the DTPAM's or escort's observation. The donor should not be allowed any further access to water or other materials that could be used to adulterate or dilute the specimen.

1.16.1.4. The DDRPM or DTPAM gives the donor the collection container or specimen bottle to be used from the available supply. If the container or specimen bottle is wrapped/sealed, either the DDRPM or DTPAM may unwrap or break the seal in the donor's presence or the donor may unwrap or break the seal in the DDRPM or DTPAM's presence.

1.16.1.5. The specimen collection container should be unwrapped at this time. The specimen bottle should be unwrapped in the donor's presence when the donor gives the specimen in the collection container to the DDRPM or DTPAM.

1.16.1.5.1. If the collection container and specimen bottle are wrapped and/ or sealed together, only the collection container and/or specimen bottle should be taken into the restroom.

1.16.1.6. The donor takes the collection container and/or specimen bottle into the restroom, toilet stall, or partitioned area to provide the specimen in private. The DDRPM, DTPAM, or escort instructs the donor not to flush the toilet or to use any source of water that could not be secured.

1.16.1.7. The DDRPM, DTPAM, or escort should remind the donor to leave the restroom, toilet stall, or partitioned area as quickly as possible after the donor has voided into the collection container/specimen bottle.

1.16.1.8. The DDRPM, DTPAM, or escort is required to read the temperature of the specimen to determine if it is in the acceptable range. The donor must minimize the time between voiding into the collection container/specimen bottle and leaving the restroom, toilet stall, or partitioned area.

1.16.1.9. The donor gives the specimen to the DDRPM or DTPAM immediately upon leaving the restroom, toilet stall or partitioned area. The DDRPM or DTPAM will ensure the bottle is closed. The DDRPM, DTPAM, escort, and donor will maintain visual contact of the specimen until the seal is placed over the specimen bottle cap/lid by the DDRPM and/or DTPAM.

1.16.1.10. The DDRPM or DTPAM performs the following checks:

1.16.1.10.1. Checks the specimen's color and look for any signs of contaminants. Any unusual findings shall be noted on the CCF.

1.16.1.10.2. Checks the specimen volume to ensure there is at least 30 ml, checks the temperature to ensure that it is within the acceptable range, and inspects the specimen for adulteration or substitution.

1.16.1.10.2.1. If the volume is less than 30 ml and the temperature is within the acceptable range, the specimen is discarded and a second specimen is collected using a new kit.

1.16.1.10.2.2. If the volume is less than 30 ml and the temperature is outside the acceptable range, the sample circumstances and "request the lab test the sample" will be annotated in the remarks on the collection form, and the specimen forwarded to the lab for testing and a second specimen is collected under direct observation using a new kit. A donor may volunteer to have his or her oral temperature taken to provide evidence to counter the reason to believe the donor

may have altered or substituted the specimen caused by the specimen's temperature falling outside the prescribed range.

1.16.1.10.2.3. If the temperature is not within the acceptable range (i.e., 32-38 C/90-100 F), another specimen is collected under direct observation and both specimens will be forwarded to the laboratory for testing. A donor may volunteer to have his or her oral temperature taken to provide evidence to counter the reason to believe the donor may have altered or substituted the specimen caused by the specimen's temperature falling outside the prescribed range. The DDRPM or DTPAM will use a new CCF for the second specimen and will use new specimen containers and bottles.

1.16.1.10.2.4. In either case when another specimen is to be collected, HHS guidelines permit giving the donor a reasonable amount of fluid to drink (not to exceed 24 ounces in 90 minutes) to provide a second specimen, distributed reasonably through a period until the donor has provided a new sufficient amount of urine.

1.16.1.10.3. Reads the specimen temperature within four minutes of receiving the specimen and checks/marks the box on the CCF if the temperature is in the acceptable range or records the actual temperature on the CCF. If the donor voids into a collection container, the DDRPM or DTPAM reads the temperature before pouring the specimen into the specimen bottle.

1.16.1.10.4. Inspects the specimen for adulteration or substitution.

1.16.1.10.4.1. The DDRPM or DTPAM will inspect the specimen for any unusual color, presence of foreign objects or material or other signs of adulteration.

1.16.1.10.4.2. If it is apparent on visual inspection that the donor has adulterated or substituted the specimen, the DDRPM or DTPAM will proceed to collect another specimen under direct observation following the above steps and both specimens will be forwarded to the laboratory for testing. Under no circumstances is the DDRPM or DTPAM permitted to collect and add or combine urine from two separate voids.

1.16.1.11. The DDRPM, DTPAM, or donor pours at least 30 mL of the specimen from the collection container into a specimen bottle, places the lid/cap on the bottle. The DDRPM or DTPAM uses the "A" bottle, seal. The DDRPM, DTPAM, or donor also pours at least 15 mL of the specimen from the collection container into a specimen bottle, places the lid/cap on the bottle and uses the "B" bottle, seal. The seal on each bottle must be placed over the lid/cap to ensure that the lid/cap cannot be removed without destroying the seal. The donor must be present to observe the sealing of the specimen bottles.

1.16.1.12. The DDRPM or DTPAM ensures the donor initials and the date is on the CCF seal. The DDRPM or DTPAM will place the CCF seal on the specimen bottle.

1.16.1.12.1. Occasionally the tamper-evident seal provided with the CCF will not properly adhere to the specimen bottle because of environmental conditions (e.g., moisture, temperature, and specimen bottle material). When this occurs, the DDRPM

or DTPAM should still apply the tamper-evident seal provided with the CCF and then apply a second, separate tamper-evident seal to seal the specimen bottle. This second seal should be placed perpendicular to the CCF seal to avoid obscuring information on the CCF seal. This second seal must be initialed and dated by the DDRPM or DTPAM and should be initialed by the donor (i.e., the donor will be present when it is apparent that the CCF seal is not properly adhering to the specimen bottle; however, a seal may appear to adhere when initially placed on the bottle, but after several minutes the seal begins to lift off along the edges). The DDRPM or DTPAM must also provide any appropriate comment on the “remarks” line of the CCF stating why the second seal was used.

1.16.1.12.2. If while sealing and initialing the CCF seal the DDRPM or DTPAM or donor accidentally breaks/damages the seal, the DDRPM or DTPAM must apply a second, separate tamper-evident seal to seal the specimen bottle. This second seal should be placed perpendicular to the CCF seal to avoid obscuring information on the CCF seal. This second seal must be initialed and dated by the DDRPM or DTPAM and initialed by the donor. The DDRPM or DTPAM must also provide an appropriate comment on the “remarks” line stating why the second seal was used.

1.16.1.12.3. Since the specimen bottle is now sealed and does not have to be under the donor’s direct observation at this point, the donor may wash his or her hands with soap and water or alcohol-based solution if he or she desires to do so.

1.16.1.13. The donor reads the certification statement on Copy 2 (Step 5) of the CCF, and certifies that the specimen identified as having been collected from him or her is in fact the specimen that he or she provided by signing the certification statement and providing his or her date of birth, printed name and work telephone number.

1.16.1.13.1. If the donor refuses to sign the form, the DDRPM or DTPAM must make a notation on the “remarks” line to that effect. The same procedure must be followed if the donor refuses to initial the label.

1.16.1.14. The DDRPM or DTPAM completes the DDRPM or DTPAM certification section of the CCF by printing the name and address of the collection facility and the DDRPM or DTPAM’s duty telephone number; printing his or her name; signing the certification statement; and recording the date and time of the collection.

1.16.1.14.1. To facilitate the collection process, the DDRPM or DTPAM may fill in the name and address of the collection facility and the DDRPM or DTPAM’s business telephone number on the spaces provided in Step 1 prior to starting the collection procedure.

1.16.1.14.2. In Step 2 on the CCF, the remarks block includes space to allow the DDRPM or DTPAM to record any remarks concerning the collection.

1.16.1.15. The DDRPM or DTPAM signs the first line of the chain of custody block (Step 4) indicating he or she has received the specimen from the donor, and prints his or her name, date and time of collection.

1.16.1.16. The DDRPM or DTPAM removes Copy 5 from the CCF and gives it to the donor. The donor may now leave the collection site.

1.16.1.17. If the DDRPM or DTPAM plans to immediately seal the specimen bottle in a tamper-evident shipping container for shipment to the laboratory, the DDRPM or DTPAM signs and prints his or her name in the "specimen released by" block of the chain of custody and completes the "specimen received by" block by printing the specific name of the courier or shipping service and the date. The DDRPM or DTPAM also completes the "purpose of change" block by using an appropriate phrase to indicate the transfer of the specimen from the DDRPM or DTPAM to the courier or shipment service (e.g., shipment to [lab's name]).

1.16.1.17.1. If the specimen bottle is not immediately prepared for shipment or is transferred to another individual, the transfer to another individual or to temporary storage must be documented on the CCF.

1.16.1.17.2. All actions involving a specimen prior to shipment must be documented on the CCF.

1.16.1.18. The DDRPM or DTPAM places the specimen bottle and Copy 1 of the CCF inside an appropriate leak-proof plastic bag that serves as a secondary barrier to prevent any leakage from damaging the shipping container or documents.

1.16.1.19. The DDRPM or DTPAM places the leak-proof plastic bag that contains the specimen bottle and CCF in an appropriate shipping container and seals the shipping container as appropriate.

1.16.1.19.1. If the shipping container is not transported to the laboratory on the same day that the specimen was collected, the DDRPM or DTPAM should store the shipping container in a secure location until it is shipped to the laboratory. A secure location is protected by double locks (e.g. locked cabinet in a locked room) with access limited to the DTPAM.

1.16.1.20. The DDRPM or DTPAM sends Copy 2 to the MRO and Copy 4 to the supervisor. Copy 3 is retained by the DDRPM or DTPAM.

1.16.1.21. Following each urine specimen collection, the DDRPM or DTPAM should check the collection site to ensure that the donor did not leave anything that could have been used by the donor or could be used by the next donor to adulterate or dilute a specimen. The toilet is flushed and then the DDRPM, DTPAM, or escort should add bluing to the toilet, in preparation,forthenextcollection.

1.17. Shy Bladder Collection

1.17.1. When a donor is unable to provide a urine specimen, the donor may have intentionally urinated prior to arriving at the collection site, could not provide a specimen as directed by the collector, has a physical disability making it impossible to provide a specimen, or has a "shy bladder." The term "shy bladder" usually refers to an individual who is unable to provide a specimen either upon demand or when someone is nearby during the attempted urination.

1.17.2. If a donor tells the collector, upon arrival at the collection site, that he or she cannot provide a specimen, the collector must begin the collection procedure regardless of the reason given.

1.17.3. At the point in the collection procedure where the collector and donor unwrap/open a collection container, the collector does the following:

1.17.3.1. Requests the donor to try to provide a specimen.

Note: The donor demonstrates his or her inability to provide a valid specimen when the donor comes out of the enclosed toilet stall with an empty collection container.

1.17.3.2. Directs the donor to drink some fluids.

Note: The donor is given a reasonable amount of fluid to drink distributed reasonably through a period of up to 3 hours, or until the donor has provided a new sufficient amount of urine, whichever occurs first.

Note: The donor must remain under the direct observation of the collector or an agency representative to prevent the donor from possibly compromising the collection process.

Note: If the donor refuses to drink fluids as directed or refuses to attempt to provide a urine specimen, the collection procedure is discontinued and a "refusal to test" is noted on the "Remarks" line of the CCF.

1.17.3.3. Instructs the donor to let you know when he or she is able to provide a sufficient quantity of specimen. The collector uses the CCF from the first attempt.

Note: It is recommended that the collector allow sufficient time to have only one additional attempt rather than having to document several unsuccessful attempts.

1.17.3.4. Maintains a record of the time of each attempt, whether there was no specimen provided or the quantity of specimen provided, and the total ounces of fluid given to the donor.

1.17.3.5. Discards any inadequate specimen and the collection container that was used for the void, but retains the CCF.

Note: If there was actually no specimen provided on an attempt, the collection container may be used for the next attempt.

1.17.3.6. Discontinues the collection procedure and notifies the agency of a potential "shy bladder" situation if after a period of three hours (i.e., from the time the donor first demonstrated that he or she was unable to provide a sufficient quantity of specimen) the donor is still unable to provide an adequate specimen.

1.17.3.7. Indicates "Shy Bladder" on the "Remarks" line of the CCF and attaches a copy of the record documenting the attempts to collect a specimen. Copy 1 is discarded since no valid specimen was collected and the other copies of the CCF are distributed as appropriate.

1.18. Direct Observation Collections (reasonable suspicion, or accident, safety mishap, invalid sample, etc.)

1.18.1. A direct observation collection procedure is the same as a routine collection procedure with the additional requirement that an observer physically watches the donor urinate into the collection container. The determination that direct observation is necessary must be based on an individualized determination that the visual monitoring is warranted under the circumstances. The DDRPM or DTPAM shall review and concur, in advance, any

decision with any collector to obtain a specimen under direct observation. A direct observation collection must be conducted by a DDRPM or DTPAM, or other trained observer, of the same gender as the donor. If the donor declines to have a direct observed collection, the collector reports a refusal to test.

1.18.2. A direct observed collection procedure may only be used when:

1.18.2.1. A previous drug test provided by the employee was reported as being either positive for an illicit drug without legitimate medical reason, diluted, or otherwise adulterated, the donor had substituted another specimen as his/her own, invalid, or the specimen was unsuitable for testing.

1.18.2.2. The drug test is a rehabilitation or follow-up test.

1.18.2.3. The DDRPM or DTPAM believes that the donor may alter or substitute the specimen to be provided.

1.18.2.4. During a routine collection, the temperature of the specimen collected is outside the acceptable range (32-38 Celsius/90-100 degrees Fahrenheit), the DDRPM or DTPAM observed materials brought to the collection site or donor conduct indicated a possible attempt to dilute or substitute a specimen, or the collector believes that the specimen has been adulterated (e.g., the specimen is blue, exhibits excessive foaming when shaken, has smell of bleach).

1.18.3. Chain of custody for a direct observation collection.

1.18.3.1. There may be instances when the DDRPM or DTPAM is not able to serve as a direct observer (e.g., when the gender of the DDRPM or DTPAM is different from that of the donor). In these instances, the DDRPM or DTPAM must call upon another designated individual to act as the observer. When this occurs, the procedure for completing the chain of custody block on the CCF may be different from that used for a typical collection.

1.18.3.2. In the event the observer actually receives the specimen from the donor, the observer must be included in the chain of custody under remarks or Memorandum for Record (MFR) to accompany the CCF.

1.19. Documentation Errors/Fatal Flaws

1.19.1. When an HHS-certified laboratory receives a specimen bottle and its associated CCF, it checks to see if the specimen ID number on the specimen bottle seal matches the number on the CCF, that the specimen bottle seal is intact, and that the CCF has been properly completed by the DDRPM or DTPAM.

1.19.2. Per HHS guidelines, the following discrepancies are considered to be fatal flaws and the laboratory must stop the testing process and reject the specimen for testing and indicate the reason for rejecting the specimen on the CCF:

1.19.2.1. The specimen ID number on the specimen bottle seal does not match the specimen ID number on the CCF or the ID number is missing either on the CCF or on the specimen bottle seal;

1.19.2.2. The specimen bottle seal is broken or shows evidence of tampering on the specimen bottle from a single specimen collection or on the primary (Bottle A) specimen

from a split specimen collection (and the split specimen cannot be designated as the primary (Bottle A) specimen);

1.19.2.3. The collector's printed name and signature are omitted on the CCF; or

1.19.2.4. There is an insufficient amount of urine for analysis in the specimen bottle from a single specimen collection or in the primary (Bottle A) specimen from a split specimen collection (unless the split specimen can be designated as the primary (Bottle A) specimen).

1.19.3. Per HHS guidelines, the following discrepancies are considered to be correctable flaws:

1.19.3.1. If a DDRPM or DTPAM failed to sign the CCF, the laboratory must attempt to recover the DDRPM's or DTPAM's signature before reporting the test result. If the DDRPM or DTPAM can provide a MFR recovering the signature, the laboratory may report the test result for the specimen. If the laboratory cannot recover the DDRPM's or DTPAM's signature, the laboratory must report a rejected for testing result and indicate the reason for the rejected for testing result on the CCF.

1.19.3.2. If a specimen is submitted using a non-Federal form or an expired CCF, the laboratory must test the specimen and also attempt to obtain a MFR explaining why a non-Federal form or an expired CCF was used and ensure that the form used contains all the required information. If the laboratory cannot obtain a MFR from the DDRPM or DTPAM, the laboratory must report a rejected for testing result and indicate the reason for the rejected for testing result on the report to the MRO.

1.19.3.3. Once contacted by the laboratory, the DDRPM or DTPAM should immediately respond to the laboratory indicating whether he/she can or cannot provide a memorandum to recover the discrepancy and/or error of omission. Responding slowly to a laboratory's request for information regarding errors or discrepancies may lead to the laboratory discarding the specimen prior to testing.

1.20. Failure to Appear for Testing

1.20.1. Failure to appear for testing without a deferral may be considered refusal to participate in testing and may subject an employee to the full range of administrative and/or disciplinary actions, including but not limited to removal, and an applicant tentatively selected for a TDP to the cancellation of an offer of employment.

1.20.2. If an individual fails to appear at the collection site at the assigned time, the DDRPM or DTPAM will notify the HRR. The supervisor and HRR will determine the course of action.

Section 1F—Processing Test Results

1.21. Confidentiality of Test Results

1.21.1. The laboratory may disclose MRO verified/validated laboratory test results only to the MRO or the representative of the MRO.

1.21.2. Any positive results the MRO verifies will be treated in a confidential manner.

1.21.3. Test results will be protected IAW all applicable Federal laws, rules and regulations regarding confidentiality of records, including the Privacy Act, 5 U.S.C. 552a, and 42 C.F.R., Chapter 1, Subchapter A, Part 2.

1.21.4. The MRO may maintain only those records necessary for compliance with this instruction. Any records of the MRO, or the staff of the MRO, including drug test results, may be released to any management official for purposes of auditing the activities of the MRO, except that the disclosure of the results of any audit may not include personal identifying information on any employee.

1.21.5. The by-name or other identifier results of a drug test on the employee may not be disclosed without the prior written consent of such employee, unless the disclosure would be:

1.21.5.1. To the MRO.

1.21.5.2. To any official whose duties necessitate review of the test results in an official capacity. Examples include but are not limited to: releasing information in order to investigate allegations resulting from grievances, appeals, and other complaints; to initiate or decide on disciplinary personnel action or to advise on such actions; or to initiate security clearance action against the employee. These officials commonly include: SJA, HRR, ADAPT, and commander/directorate head.

1.21.5.3. Pursuant to the order of a court of competent jurisdiction or where required by the United States Government to defend against any challenge against any disciplinary action.

1.21.5.4. Test results with all identifying information removed will also be made available to Air Force personnel, including the AFCDTP manager, for data collection and other activities necessary to ensure Air Force compliance with the Anti-Drug Abuse Act of 1988.

1.21.5.5. IAW the Privacy Act, 5USC 552a or as required by other federal law.

1.21.6. In the case of a drug test result verified as positive, diluted, substituted or adulterated by the MRO IAW the HHS MRO Manual, information collected during the course of the MRO's interview with the donor employee may be disclosed to any official whose duties include shaping management's response to evidence of the employee's apparent illicit drug use.

1.22. Opportunity to Justify a Laboratory-Verified Positive Test Result, Adulterated Specimen Result or Specimen Not-Suitable-for-Testing Result

1.22.1. When a laboratory-verified positive result is returned by the laboratory, the MRO will perform the duties outlined by HHS guidelines (*MRO Manual for Federal Workplace Drug Testing Programs*, CSAP Technical Report #15) in order to validate the results. For example, the MRO may choose to conduct employee medical interviews, review employee medical history, or review any other biomedical factors.

1.22.2. HHS-MRO Interview Procedure

1.22.2.1. The MRO determines that the information on the CCF is correct and complete. The MRO makes telephone contact with the specimen donor associated with a non-negative test result (drug positive, substituted, adulterated or invalid).

1.22.2.2. The MRO conducts an interview to discern any legitimate and substantiated reason for the non-negative drug test result.

1.22.2.3. The MRO determines whether the drug test result should remain categorized the same as presented by the laboratory.

1.22.2.4. The MRO reports validated result to the designated point of contact (POC) at the donor's Air Force Installation.

1.22.2.5. The MRO and POC maintain records of the result and donor information.

1.23. MRO Review of Medical Records

1.23.1. The MRO must review all medical records made available by the individual in determining whether a laboratory verified positive test could have resulted from legally prescribed medication. The MRO also may request the individual submit additional evidence to justify a laboratory verified positive drug test result received from a laboratory. Evidence to legitimize a positive result may include:

1.23.1.1. A valid prescription.

1.23.1.2. A verification from the individual's physician of a valid prescription.

1.23.2. Individuals are not entitled, however, to present evidence to the MRO in a trial-type administrative proceeding, although the MRO has the discretion to accept evidence in any manner the MRO deems most efficient or necessary.

1.23.3. If the MRO determines there is no justification for the positive test result, the result will then become a MRO verified positive test result. The MRO staff will immediately contact the DDRPM upon obtaining a MRO verified/validated positive test result.

1.24. Reporting of Results Under the AFCDTP

1.24.1. The MRO staff will receive all laboratory test results and associated documents from the approved drug testing laboratory for all civilian employees in TDP, applicants, and quality control specimens.

1.24.2. The MRO staff will:

1.24.2.1. Match-up the laboratory results with the appropriate individual tests or quality control specimens.

1.24.2.2. Review laboratory reports, chain of custody forms, and associated documentation for collection or specimen deficiencies which indicate the validity of the results may be scientifically insufficient because certain procedures were not followed or standards were not fully met.

1.24.2.3. Advise the AFCDTP manager of significant problems or concerns resulting from laboratory and collection site procedures or practices.

1.24.2.4. Order a reanalysis of a specimen or special laboratory tests, if necessary.

1.24.2.5. Recommend the AFCDTP manager arrange for retesting of employees or applicants tentatively selected for TDP when warranted.

1.24.2.6. Review all laboratory verified positive laboratory results and contact/interview employees, applicants tentatively selected for TDP, physicians, and laboratory

toxicologists as necessary to determine whether the results are consistent with the legal use of drugs.

1.24.2.7. Obtain a copy of the laboratory quantitative result on all opiate positives before contacting the donor (this is intended as a review in order to ensure the laboratory box for morphine or codeine has been appropriately checked).

1.24.3. Send the Air Force written reports on all MRO-verified positive drug test results and positive test results based on other than illicit drug use no later than the second business day after making such a determination. The MRO will verify all positive laboratory test results by interviewing the donor to determine whether there is an acceptable medical explanation. If the MRO determines there is no medical explanation for a positive result (i.e., the result cannot be explained through non-abusive use of a prescription or over-the-counter medication) such a result will be considered an MRO-verified positive test result. This MRO verified positive result will be documented as in writing and reported to the base-level DDRPM (or DTPAM).

1.24.4. The MRO will prepare a separate written report on all MRO verified positive, invalid, unsuitable for testing, and adulterated results, including pertinent documentation, within three business days of receipt of all the information the MRO deems necessary to make a determination. The finalized report will be forwarded to the base-level DDRPM using secured and traceable methods such as certified or overnight mail.

1.24.4.1. The DDRPM, after consulting with the HRR, will establish procedures for the retesting of all individuals who tested non-negative or positive for drug use prior to the employee returning to work.

Section IG—Drug Testing Program Records

1.25. Maintenance and Confidentiality of Records

1.25.1. AFCDTP records will be maintained IAW all applicable Federal laws, rules and regulations regarding confidentiality of records, including the Privacy Act, 5 U.S.C. 552a, and 42 C.F.R., Chapter 1, Subchapter A, Part 2.

1.25.2. Case files on disciplinary actions for drug use are maintained IAW AFI 36-704, *Discipline and Adverse Actions* and AFMAN 34-310, *Nonappropriated Fund Personnel Management and Administration*.

1.25.3. Air Force counseling and treatment records will be maintained IAW AFI 44-121, *Alcohol Drug Abuse Prevention Treatment (ADAPT) Program*, AFI 41-210, *Patient Administrative Functions*, and AFI 44-109, *Mental Health, Confidentiality, and Military Law*.

1.25.4. With written consent, the employee may authorize the disclosure of records to his or her employer for verification of treatment or for a general evaluation of treatment progress. [Attachment 10](#) contains a sample consent form and patient release form.

1.25.5. Any employee who is the subject of a drug test will, upon written request, have access to any records relating to such drug test results.

1.25.6. Except as authorized by law, an applicant not employed by the DoD and tentatively selected for a TDP will not be entitled to records relating to drug test results.

Section 1H—Findings of Drug Use Required Actions

1.26. Finding of Drug Use

1.26.1. An employee may be found to have used illicit drugs on the basis of any appropriate evidence including, but not limited to:

- 1.26.1.1. Direct observation of drug use.
- 1.26.1.2. Evidence obtained from an arrest or criminal conviction.
- 1.26.1.3. A MRO verified positive test result for the presence of an illicit drug.
- 1.26.1.4. An employee's voluntary admission of usage of an illicit drug.

1.27. Mandatory Administrative and Disciplinary Actions

1.27.1. If the employee that used illicit drugs occupies a TDP, the employee must be removed from the position. However, at the discretion of the commander/directorate head, and while making satisfactory progress in treatment, an employee may return to duty in a TDP, if there are reasonable grounds to believe the employee will not engage in further use of illicit drugs endangering public health, safety, or national security. If the employee is returned to duty in a TDP he/she **may not be excused** from random testing.

1.27.2. The supervisor directs an employee, in writing, to report to the EAP or ADAPT clinic (if EAP is unavailable) for initial substance abuse assessment subsequent to an MRO-verified drug positive test, a substance-related incident, or other reasonable suspicion of substance misuse. The notification will provide specifics of the appointment and advise the employee that attendance is mandatory. All notices will be coordinated with the servicing HRR. A sample notification letter is provided in [Attachment 13](#).

1.27.3. Supervisors are required to take appropriate action against any employee found to use illicit drugs in coordination with the HRR. Procedures must be consistent with applicable collective bargaining agreements and Air Force and DoD policy.

1.27.3.1. Disciplinary actions may include the full range of actions as provided in the regulation/instruction that applies, given the type of employee in issue (APF or NAF). For example, AFI 36-704, *Discipline and Adverse Actions*, and AFI 36-1001, *Managing the Civilian Performance Program* applies in cases involving APF employees; AFI 36-901, *Air Force Senior Executive Resources (PA)* applies in cases involving SES employees; and AFMAN 34-310, *Nonappropriated Fund Personnel Management And Administration* applies in cases involving NAF employees.

1.27.3.2. As required by EO 12564, *Drug Free Federal Workplace*, management will propose action to remove an employee for any one of the following:

- 1.27.3.2.1. Refusing to obtain counseling or treatment through a treatment program as required by the EO after having been found to have engaged in illicit drug use; or
- 1.27.3.2.2. Continued illicit drug use after a first offense of illicit drug use; or

1.27.3.2.3. Altering or attempting to alter a urine specimen or substituting or attempting to substitute a specimen for their own or that of another employee or,

1.27.3.2.4. Failure in a mandated and/or agreed upon medically approved drug rehabilitation program.

1.27.3.3. In rehabilitation testing, employees are subject to unannounced testing for one year (minimum) from the time of a positive test. The frequency and duration of follow up testing will be determined by the Civilian Rehabilitation Team for APF employees and the HRR for NAF employees.

1.28. Safe Haven Provision

1.28.1. Disciplinary action for illicit drug use will not be initiated for any employee who meets **ALL** four of the following conditions: (1) voluntarily identifies himself/herself as a user of illicit drugs **prior** to being notified of the requirement to provide a specimen for testing or being identified through other means (i.e., drug testing, investigation); (2) obtains and cooperates with appropriate counseling or rehabilitation; (3) agrees to and signs a last chance or statement of agreement; and (4) thereafter refrains from illicit drug use. This does not preclude disciplinary action for other misconduct, i.e., possession of drugs or drug paraphernalia.

1.29. Employee Counseling and Assistance 29.1. Employees who have self-identified as having a substance abuse problem (which includes alcohol abuse or illicit drug use), or have been identified through other means such as possessing drugs or drug use paraphernalia, or who have been identified through drug testing, will be referred by their supervisor for counseling, assessment, and referral for treatment as prescribed in Chapter 2.

Section II—Statistics

1.30. Statistical Information

1.30.1. The DDRPM (with input from ADAPT) will collect and compile anonymous statistical data for the following:

1.30.1.1. Number of employee random tests, reasonable suspicion tests, accident or safety mishap tests, or follow-up tests.

1.30.1.2. Number of confirmed positive tests.

1.30.1.3. Number of employees who have been referred for:

1.30.1.3.1. Initial substance abuse assessment.

1.30.1.3.2. Specimen tampering.

1.30.1.3.3. Refusal to cooperate with substance abuse assessment by the ADAPT, MH Clinic, or contractor-provided services.

1.30.1.3.4. Failure to complete recommended counseling or treatment.

1.30.1.3.5. Confirmed positive follow-up test.

1.30.2. The DDRPM (with input from AFPC, ADAPT, HRR, and SJA) will collect and compile statistical data for the following:

1.30.2.1. Number of tests of applicants tentatively selected for TDP

1.30.2.2. Number of applicants with confirmed positive test results for each drug tested.

1.30.2.3. Number of applicants tentatively selected and who refused to take the test.

1.30.2.4. Number of employees who have been removed for:

1.30.2.4.1. Refusal to submit to urinalysis.

1.30.2.4.2. Refusal to cooperate with treatment.

1.30.2.4.3. Failure to complete recommended counseling or treatment.

1.30.3. The DDRPM (with input from the Education and Training Flight and Unit Training Managers/Ancillary Training Monitors) will collect and compile statistical data for the following:

1.30.3.1. Number of employees trained annually in drug abuse prevention, treatment, and workplace issues.

1.30.3.1.1. Number and percent of employees trained.

1.30.3.1.2. Number and percent of supervisors trained.

1.30.3.1.3. Number and percent of new employees/supervisors trained.

1.30.4. This data, along with other pertinent information, will be compiled for inclusion in the Air Force's mandatory annual Drug Free Workplace Report. As mentioned above, the DDRPM holds the responsibility for timely and accurate submission of this data (with support from ADAPT, AFPC, HRR SJA, Training and Education Flight, and Unit Training Managers/Ancillary Training Monitors). This data will be provided through MAJCOMs on an annual basis to HQ AFMOA/SGHW to assist in overall program evaluation and to determine whether changes to the HHS guidelines may be required.

Section 1J—Production of Drug Testing Reports and Other Discovery Matters

1.31. Requests for Drug Testing Reports and Other Documents During Litigation's Discovery Process

1.31.1. All requests for drug testing reports or other discoverable materials must be initiated by or through the servicing SJA to the HQ AFMOA/SGHW.

1.31.2. SJA will prepare a memorandum requesting the drug testing report or other discoverable material from the designated drug testing laboratory and/or MRO.

1.31.3. All requests for drug testing reports or other litigation-related material must be forwarded to: HQ AFMOA/SGBD, 2664 Flight Nurse, Bldg 801, Brooks City-Base, TX 78235, ATTN: Air Force Civilian Drug Testing Program Manager.

Section 1K—Use of Drug Testing Software

1.32. Air Force Drug Testing Program Software (AFDTPS)

1.32.1. Base-level DDRPMs will use the AFDTPS for random testing of civilian personnel.

1.32.2. DDRPMs, with input from the HRR, must maintain a separate database containing civilian employees identified by Civilian Personnel as occupying TDP.

1.32.2.1. The database (listing of personnel) must be updated no less than monthly with accurate current information provided by the HRR. HRRs will provide the DDRPMs with information from the automated personnel data system.

1.32.3. Exemptions from the use of the AFDTPS software must be approved by HQ AFMOA/SGHW.

Section 1L–Employee Training

Note: Management's failure to comply with the employee training requirements described in this section creates no entitlement or right in any employee to contest a disciplinary action based upon an otherwise valid drug test result or other action described in this AFI.

1.33. Supervisory Training Requirements

1.33.1. The responsibility for initial training of APF supervisors on substance abuse is a joint ADAPT PM, DDRPM function, under the direction of the IDS. Designated unit training personnel and Wing/Unit Level Training Agencies share responsibility for tracking accomplishment of this training and will ensure established tracking measures are used at all times to ensure effective management of training.

1.33.2. As supervisors have a key role in establishing and monitoring a drug-free workplace, the Air Force shall provide training to assist supervisors and managers in recognizing and addressing illicit drug use by Air Force employees.

1.33.3. IAW Substance Abuse and Mental Health Services Administration (SAMHSA) *Model Plan for a Comprehensive Drug-Free Workplace Program*, the purpose of supervisory training is to understand:

1.33.3.1. The Air Force's substance abuse policy, procedures, and program;

1.33.3.2. Types and effects of drugs;

1.33.3.3. Symptoms of drug use and effects on performance and conduct;

1.33.3.4. How to identify employees in need of assistance;

1.33.3.5. Role and operation of EAP;

1.33.3.6. Intervention and referral to the EAP; and

1.33.3.7. Return of employee to workplace and follow-up.

1.34. Employee Education

1.34.1. The responsibility for initial and annual substance abuse awareness education for all APF employees is a joint ADAPT PM, DDRPM function, under the direction of the IDS. Unit commanders, through training monitors, ensure training requirements are met and documented. Consistent with SAMHSA's *Model Plan for a Comprehensive Drug-Free Workplace Program*, substance abuse awareness education should cover the following:

1.34.1.1. The Air Force's substance abuse policy, procedures, and program;

1.34.1.2. Types and effects of drugs;

1.34.1.3. Symptoms of drug use and effects on performance and conduct;

1.34.1.4. Relationship of the EAP to the drug-testing program; and

1.34.1.5. Relevant treatment, rehabilitation, and confidentiality issues.

1.35. Means of Education

1.35.1. Drug education activities may include but are not be limited to: Distribution of written materials, audio or video programs, group discussions and presentations, and computer-based training.

Chapter 2

SUBSTANCE ABUSE COUNSELING, ASSISTANCE AND REFERRALS

2.1. Overview

2.1.1. To ensure maximum workplace productivity through an alcohol misuse and drug-free workforce accomplished through a combination of deterrence, detection, and rehabilitation.

2.1.1.1. Early intervention is essential to the effective operation of this program and the successful rehabilitation of employees. Therefore, supervisors must be alert to behaviors that could indicate a substance abuse problem (prior to the occurrence of alcohol-related misconduct or MRO-verified drug test positive) and advise employees they may voluntarily seek assessment and treatment referral services using the Safe Haven provision in section 1.28 of this AFI.

2.1.1.1.2. Rehabilitation shall be offered to all employees identified as having a substance abuse problem (defined as: alcohol misuse, a MRO verified drug positive test result, and/or self-identified with a drug or alcohol problem), regardless of other administrative actions that may be pending or taken. Alcohol misuse is defined as alcohol-related misconduct that has a direct impact on work productivity. Even when the removal of the employee from the Federal Service is proposed, the Air Force will offer, at a minimum, assessment and treatment referral services. The civilian employee will be provided a one-time mandatory assessment and referral appointment. This assessment and referral appointment can be completed, at no cost to the civilian employee, through EAP or ADAPT, as space and services are available. At the employee's expense this mandatory assessment and referral appointment can also be conducted by other appropriate healthcare providers (e.g. civilian health care providers). Follow-on counseling services, if needed, are available at the employee's expense. The follow-up counseling services can be provided through the installation EAP (if available), through the ADAPT program (on space available as fee for service), or other appropriate private health care service providers.

2.1.1.1.2.1. Employees may be allowed up to one hour (or more as necessitated by travel time) of duty time for each assessment and referral session up to a maximum of three hours during the assessment/referral phase of treatment. This applies only to assessment/referral and not follow-up treatment. Absences during duty hours for rehabilitation or treatment must be charged to the appropriate leave category according to law and Air Force leave regulations.

2.1.1.1.3. Although the Air Force will encourage treatment and rehabilitation, it is the responsibility of every employee to refrain from substance abuse and take personal responsibility for rehabilitation when substance abuse problems occur.

2.2. Referral Process

2.2.1. Supervisors will advise employees on the availability of services when there is any reason to believe that there may be a substance abuse problem. This advice does not require

an employee to admit to any problem, but merely offers appropriate assessment and referral to counseling and rehabilitation services.

2.2.1.1. The DDRPM provides appropriate referral guidance to supervisors. Supervisors must direct employees to report for initial assessment and referral-for-treatment any time drug use is MRO-verified/validated and/or there is alcohol-related misconduct and then follow up to ensure completion. Verification and validation may also arise through the employee's admission of substance abuse in addition to results from a substance abuse test authorized by this AFI. See [Attachment 13](#) for a sample notice to the employee.

2.2.1.1.1. Supervisors will notify the commander when an employee refuses to comply with a mandatory referral for counseling.

2.3. Employee Counseling and Assistance

2.3.1. EAP contractor personnel or ADAPT staff, provide and document initial substance abuse evaluation of all referred or self-identified employees. Employees will be advised of options for substance abuse counseling and treatment through referral agencies. To ensure that appropriate referrals are made, EAP and ADAPT personnel should consider the nature and severity of the problem, location of the treatment, cost of the treatment, intensity of the treatment environment, availability of inpatient/outpatient care, and other special needs, such as transportation, family issues, and child care. Documentation of the initial assessment must be IAW AFI 44-121, *Alcohol Drug Abuse Prevention and Treatment (ADAPT) Program* and AFI 41-210, *Patient Administrative Functions*.

2.3.1.1. EAP and ADAPT personnel ensure medical and MH records of civilian personnel referred for assessment and/or treatment are appropriately updated to include: referral data, patient confidentiality and release of information, options for accepting or refusing treatment, assessment data, and appropriate treatment planning, case management, and/or clinical services provided.

2.3.1.2. If seen in ADAPT, information in the medical record should include a thorough initial note outlining the results of assessment, and employee consented to release/diagnostic procedures. Subsequent contacts should also be reflected in brief notes in medical records indicating the nature and outcome of services provided.

2.3.1.3. Changes in status, diagnosis, or treatment plan; initiation or change in medication; or termination of services should be thoroughly documented in the medical record.

2.3.1.4. Referral Options. Employees may use a wide variety of treatment options to include: community-based treatment programs (for uninsured or underinsured individuals), private providers covered by the employee's health insurance, or military benefits, if applicable.

2.3.1.4.1. Military-based counseling and/or treatment services may be provided on a space available, reimbursable basis depending on the eligibility status of the employee and IAW HHS/TRICARE guidelines outlined in AFH 41-11, Section E, *Health Care for Eligible Civilians and Special Categories of Beneficiaries and Their Family Members*. Employees are responsible for payment for these services which is

generally accomplished by submitting claims to their Federal Health Benefits System health insurance provider.

2.4. Counselor Responsibilities

2.4.1. The ADAPT or contract counselor counsels the employee on the scope of services available for counseling, assessment, and referral.

2.4.1.1. For the mandatory initial assessment appointment, the employee will be advised by way of documented initial informed consent that their supervisor will be notified that the employee attended the interview and the reporting and departing time of the employee.

2.4.1.2. The employee is advised of what information will be disclosed to the supervisor at the beginning of the initial interview. At that time the counselor also tells the employee that strict rules govern the disclosure of substance abuse counseling information and how those rules apply to the position the employee holds.

2.4.1.2.1. The employee will be provided a copy of the form, Consent for Release of Patient Information During or After Treatment or Rehabilitation ([Attachment 10](#)). The counselor will explain that the employee is not required to sign the release, but doing so will allow for the treatment provider to communicate progress back to the supervisor and the Civilian Rehabilitation Team. The information may then be considered in deciding on the appropriateness of various actions including discipline and continued assignments to testing designated or other sensitive positions. Release of this information also furthers the rehabilitation process by ensuring that the supervisor is involved in the process and serves to justify the use of sick leave for treatment and counseling.

2.4.2. ADAPT personnel will advise employees that if they choose to use ADAPT services, a MH record and a medical record will be established to ensure professional accountability and to facilitate on-going assessment of the quality, appropriateness, and progress of rehabilitation.

2.4.3. Regardless of options selected, employees will be encouraged to authorize the release of information to appropriate management officials to facilitate support for their treatment. Employees will be advised that release of such information is not mandatory.

2.5. Adopted Forms.

AF IMT-847, **Recommendation for Change of Publication**

AF IMT-942, **Record of Evaluation.**

CHARLES B. GREEN
Lieutenant General, USAF, MC, CFS
Surgeon General

Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References

Executive Order (EO) 12564, Drug-Free Federal Workplace, 15 Sep 86

Executive Order (EO) 10450, Security Requirements for Government Employees, 27 Apr 53

Public Law 95-454, *Civil Service Reform Act of 1978*

Public Law 99-570, *Federal Employees Substance Abuse Education and Treatment Act of 1986*

Title 5, United States Code, Section 552a

Title 5, United States Code, Section 7301

Title 5, United States Code, Section 8331

Title 5, United States Code, Section 8401

Title 21, *United States Code*, Section 812

Title 29, Code of Federal Regulations, Part 1910.1030

Title 42, Code of Federal Regulations, Part 2

Title 49, Code of Federal Regulations, Part 10

Title 49, Code of Federal Regulations, Part 40

Interagency Coordinating Group (ICG) Executive Committee, Executive Office of the President, Office of the National Drug Control Policy, Memorandum 2 August 1999, Guidance for Selection of Testing Designated Positions (TDP)

HHS Mandatory Guidelines for Federal Workplace Drug Testing Programs (69 FR 19644), 13 Apr 04

HHS Urine Specimen Collection Handbook for Federal Workplace Drug Testing Programs, 1 Nov 04

HHS Medical Review Officer Manual for Federal Workplace Drug Testing Programs, 1 Nov 04

HHS Model Plan for a Comprehensive Drug-Free Workplace Program, Printed 1989 Reprinted 1990

Department of Defense Directive (DoDD) 1010.4, *Drug and Alcohol Abuse by DoD Personnel*, 3 Sep 97

DoD Directive 1010.9, *Civilian Employee Drug Testing Program*, 23 Aug 88

AFI 31-501, *USAF Personnel Security Program Management*, 27 Jan 05

AFI 33-332, *Air Force Privacy Act Program*, 29 Jan 04

AFMAN 34-310, *Nonappropriated Fund Personnel Management and Administration*, 1 Aug 07

AFI 36-704, *Discipline and Adverse Actions*, 22 Jul 94

AFI 36-901, *Air Force Senior Executive Resources (PA)*, 25 Jul 94
AFI 36-1001, *Managing the Civilian Performance Program*, 1 Jul 99
AFI 36-2104, *Nuclear Weapons Personnel Reliability Program*, 30 Jun 94
AFH 41-114, *Health Care for Eligible Civilians and Special Categories of Beneficiaries and Their Family Members*, 1 Mar 97
AFI 41-210, *Patient Administration Functions*, 22 Mar 06
AFPD 44-1, *Medical Operations*, 1 Sep 99
AFI 44-109, *Mental Health, Confidentiality, and Military Law*, 1 Mar 00
AFI 44-120, *Drug Abuse Testing Program*, 1 Jul 00
AFI 44-121, *Alcohol and Drug Abuse Prevention and Treatment (ADAPT) Program*, 26 Sep 01
AFI 44-159, *Drug Demand Reduction Program*, 1 Aug 00
AFPD 71-1, *Criminal Investigations and Counterintelligence*, 1 Jul 99
AFI 71-101, *Criminal Investigation*, 1 Dec 99
AFPD 91-2, *Safety Programs*, 28 Sep 93
AFI 91-204, *Safety and Investigations and Report*, 29 Nov 99

Abbreviations and Acronyms

A1—Director of Personnel
ADAPT—Alcohol and Drug Abuse Prevention and Treatment
ADAPT PM—Alcohol and Drug Abuse Prevention and Treatment Program Manager
ADLS—Advanced Distribution Learning Services
AF—Air Force
AFPD—Air Force Policy Directive
AFCDTP—Air Force Civilian Drug Testing Program
AFDTPS—Air Force Drug Testing Program Software
AFI—Air Force Instruction
AFH—Air Force Handbook
AFP—Air Force Publication
AFPC—Air Force Personnel Center
AFPD—Air Force Publication Directive
AFLSA/CLLO—Air Force Legal Services Agency/Central Labor Law Office
AFM—Air Force Manual
AFMOA—Air Force Medical Operations Agency

AFOMA/SG300—Air Force Medical Operations Agency/ Community Behavioral Health Division

APF—Appropriated Fund

ART—Air Reserve Technician

ASD(HA)—Assistant Secretary of Defense for Health Affairs

CCF—Federal Drug Testing Custody and Control Form

CFR—Code of Federal Regulations

CPF—Civilian Personnel Flight

CPO—Civilian Personnel Officer

DCPDS—Defense Civilian Personnel Data System

DHP—Defense Health Program

DoD—Department of Defense

DoDD—Department of Defense Directive

DoDI—Department of Defense Instruction

DDRPM—Drug Demand Reduction Program Manager

DRU—Direct Reporting Unit

DTPAM—Drug Testing Program Administrative Manager

EAP—Employee Assistance Program

EO—Executive Order

FOA—Field Operating Agency

FOIA—Freedom of Information Act

FR—Federal Register

FY—Fiscal Year

GSU—Geographically Separated Unit

GC/MS—Gas Chromatography-Mass Spectrometry

HHS—Department of Health and Human Services

HQ USAF—Headquarters, United States Air Force

HRO—Human Resource Office(r)

HRR—Human Resources Representative

IAW—IAW

ID—Identification

IL—Department of Installations and Logistics

IDS—Integrated Delivery System

JA—Judge Advocate

MAJCOM—Major Command

MAJCOM SV—Major Command Director of Services

MHF—Mental Health Flight

MRO—Medical Review Officer

MTF—Medical Treatment Facility

NAF—Nonappropriated Fund

OCR—Office of Collateral Responsibility

OMB—Office of Management and Budget

ONDCP—Office of National Drug Control Policy

OPF—Official Personnel Folder

OPM—Office of Personnel Management

OPR—Office of Primary Responsibility

OSD—Office of the Secretary of Defense

PAD—Program Action Directive

PCP—Phencyclidine

PIF—Personnel Information File

PL—Program Liaison

PM—Program Manager

QA—Quality Assurance

QC—Quality Control

RP—Responsible Person

SAF/MR—Assistant Secretary of the Air Force for Manpower and Reserve Affairs

SecAF—Secretary of the Air Force

SF—Security Forces

SG—Surgeon General

SJA—Staff Judge Advocate

TDP—Testing Designated Position

TDY—Temporary Duty

UIF—Unfavorable Information File

Terms:

Administrative Action—Any action taken by management which is not considered to be disciplinary in nature. Examples include an employee placed on leave with pay, detailing an employee to another position or reassigning an employee.

Air Force Personnel Center—The Air Force Personnel Center is located at Randolph AFB, TX, and manages various civilian personnel processes, to include maintaining all active civilian Official Personnel Folders.

Alcohol and Drug Abuse Prevention and Treatment (ADAPT) Program— The ADAPT Program provides prevention, education, assessment, referral, and treatment services to civilian employees, and assists the HRR in the training of supervisory personnel to facilitate early identification and referral of troubled employees.

Alcohol and Drug Abuse Prevention and Treatment Program Manager (ADAPT PM)—The individual designated by the MTF commander with overall responsibility for coordinating base-level ADAPT services.

Applicant—Any individual tentatively selected for employment with the Air Force, to include any individual in the Air Force who has tentatively been identified for placement into a TDP.

Certified Alcohol and Drug Abuse Counselor (CADAC)—Refers to a MH Clinic technician (4CO) who also has a skill set certified from the Air Force as having demonstrated competence using criteria established by the International Certification and Reciprocity Consortium, Alcohol and Other Drugs of Abuse (ICRC/AODA).

Civilian Employee—A non-military DoD employee paid from appropriated or non-appropriated funds.

Civilian Personnel Flight or Manpower and Personnel Flight—The functional element in the Mission Support Squadron with program responsibility for civilian personnel management and administration.

Civilian Personnel Officer (CPO) or the Civilian Personnel Element Supervisor—Serves as the senior commander's representative on all matters that relate to the civilian personnel policy issues of the program.

Civilian Rehabilitation Team—Chaired by the ADAPT Program Manager, this team establishes the treatment framework and monitors progress of individuals identified with a substance abuse problem.

Collector—General designation referring to the DDRPM or DTPAM.

Consent Testing—A civilian employee may voluntarily consent to provide a single sample.

Commander (CC)—For the purpose of this guidance, the commander is the delegated appointing authority by the SecAF under AFI 36-102, *Basic Authority and Responsibility for Civilian Personnel Management and Administration*.

Counseling—Generally, a service consisting of individual and/or group meetings with the goal of helping the employee to better understand the nature of his/her problems and options to eliminate or minimize their impact on personal, social, and occupational functioning.

Drug Demand Reduction Program Manager (DDRPM)—Individual responsible for oversight of the installation's military/civilian drug testing program.

Department of Health and Human Services (HHS) Guidelines—The Mandatory Guidelines for Federal Workplace Drug Testing Programs.

Disciplinary Action—A removal, suspension, furlough for 30 days or less, or reduction in grade or pay. These actions do not include those resulting from reduction in force.

Drug Testing Program Administrative Manager (DTPAM)—Individual hired or appointed by the MTF Commander to administer collection, processing and shipping of specimens and safeguarding of applicable information pertaining to the drug testing program.

Employee Assistance Program (EAP)—Counseling programs that offer assessment, short-term counseling, and referral services to employees for a wide range of drug, alcohol, and other related problems that affect employee job performance. EAPs are responsible for referring employees who are abusing drugs for rehabilitation and for monitoring employees' progress while in treatment.

Escort—The collector or an individual other than collector can serve as an escort. An individual selected to escort the donor from the collection point to the restroom for the purposes of ensuring **no opportunity to prepare, circumvent, or adulterate the test** specimen from the time the specimen is provided until the collector checks the temperature. The escort should allow the donor privacy to provide urine specimen and should never enter the restroom. Both the escort and the donor must maintain visual contact of the specimen from the time donor has completed urinating in collection container and comes out of the restroom to the time the specimen is transferred to the collector. The temperature must be checked by the collector within four minutes after the specimen is provided. At no point escort shall take custody of the specimen and read the temperature unless the collector is serving as an escort.

Human Resource Office (HRO)—The functional element in the Force Support Squadron (FSS) with program responsibility for NAF personnel management and administration.

Human Resources Representative (HRR)—The Civilian Personnel Officer or the Supervisor over the Civilian Personnel Element (Appropriated Funds employees); the Human Resources Officer (Non-Appropriated Funds employees).

Illicit Drug—A controlled substance included in Schedules I through V, as defined by section 802(6) of Title 21 of the United States Code, the possession of which is unlawful under chapter 13 of that Title. The term illicit drug includes prescription drugs that are not taken pursuant to a valid authorized prescription. The term illicit drug does not mean the use of a controlled substance as prescribed by medical personnel pursuant to a valid prescription or other uses authorized by law.

Laboratory Confirmed Positive Test Result—A test result that has been screened positive by an FDA approved immunoassay test and confirmed by Gas Chromatography/Mass-Spectrometry (GC/MS) or other confirmatory tests approved by HHS.

Major Command (MAJCOM)—The highest Air Force echelon of command below the Air Staff. Major commands are organized on a functional basis in the United States and a geographic basis overseas. They accomplish designated phases of Air Force worldwide activities. Also, they organize, administer, equip and train their subordinate elements for the

accomplishment of assigned missions. Major commands generally are assigned specific responsibilities based on functions. In descending order of command, elements of major commands include numbered air forces, wings, groups, squadrons and flights.

Management Officials—Employee required or authorized by the Air Force to formulate, determine, or influence the policies of the Air Force.

Medical Review Officer (MRO)—A licensed physician with the appropriate training to interpret and evaluate positive test results.

Mental Health Clinic (MHC)—The functional element in the Medical Group or Squadron that provides initial assessment and referral services for employees experiencing problems with substance use/abuse. Civilian employees may be provided counseling and treatment services through the MHC on a space-available, reimbursable basis, if they meet eligibility requirements outlined under the Federal Health Benefits System or other applicable medical health insurance.

(MRO verified Positive Drug Test Result)—A MRO verified test result that has been reviewed by the MRO and determined to be positive following the protocol established by the HHS.

Observer—Before conducting a direct observed collection, the collector must make the supervisor aware that a situation exists warranting a direct observed collection and explain the donor why a direct observed collection is being conducted. The collector or an individual could serve as observer as long the observer is of the same gender as the donor. The individual serving as the direct observer enters the restroom with donor. The observer must directly watch urine go from the donor's body into the collection container. The observer must never touch or handle collection container unless the collector is serving as observer. After the donor has completed urinating into the collection container, the donor and the observer leave the rest room. The donor hands the collection container directly to the collector. The observer must maintain visual contact of the collection container until the donor hands the container to the collector.

Office of National Drug Control Policy (ONDCP)—Executive Office of the President responsible for establishing the National Drug Control Policy.

Official Personnel Folder(OPF)—A folder that is maintained for each Federal civilian employee comprised of all permanent records for the employee's Federal career to include benefit election forms and beneficiary forms.

Privacy Act Release—A statement signed by the employee who enters a counseling or treatment program either on-site, off-site, or in residence. This allows the release of records controlled under the Privacy Act. Sample statements for Consent for Release of Patient Information During or After Treatment or Rehabilitation and Release Memorandum are found at Attachment 9.

Privileged Provider—Military (Active or Reserve component) and civilian personnel (Civil Service and providers working under contractual or similar arrangement) granted privileges by the MTF or civilian medical facility to diagnose, initiate, alter, or terminate health care treatment regimens within the scope of his or her license, certification, or registration.

Random Testing—A system of drug testing imposed in the absence of any suspicion that a particular individual is engaging in illicit drug use. Random testing may either be unannounced testing of all employees in a specific area or unit, or may be a statistically random sampling of such employees based on neutral criteria. Selecting employees for drug testing on the basis of a

desire to test particular individual employees is prohibited under provisions of random drug testing.

Reasonable Suspicion—Reasonable suspicion is an articulable belief that an employee has used an illicit drug, drawn from specific and particularized facts and reasonable inferences from those facts, and that the illicit drug will be found in the specimen of the person tested.

Rehabilitation—A process of either, on-site or off-site, inpatient or outpatient, the goal of which is to eliminate substance abuse and restore the employee to a productive status within his/her work area. This process includes the learning of skills to help the person remain substance-free and should include a period of aftercare or continuing care, during which the person may be allowed to return to full duties.

Reprimand—A reprimand is a severe disciplinary action in the form of a written statement of censure given to an employee for misconduct, delinquency, and/or repeated lesser offenses.

Responsible Person—Individual within the drug testing laboratory who is responsible for all analytical aspects of drug testing.

Safety Mishap—An accident or mishap classified by total dollar cost of damage or the degree of injury or occupational illness. Class A, B, C (check and see if C is gone), or nuclear mishap as defined by AFD 91-2, *Safety Programs*. Urine samples will be sent to the Air Force-designated, SAMSHA-certified laboratory.

Sensitive Position Categories—The designation of sensitive refers to one or more of the following categories used to identify TDP: (1) a position that has been designated special sensitive, critical sensitive, or non-critical sensitive; (2) an employee who has been granted access to classified information according to section 4 of EO 12564; (3) law enforcement officers as defined in 5 USC 8331 (20) and 8401(17); (4) other positions that the SecAF determines involve law enforcement, national security, the protection of life and property, public health or safety, or other functions requiring a high degree of trust and confidence; (5) individuals serving under Presidential Appointments.

Supervisor—An employee having authority to hire, direct, assign, promote, reward, transfer, furlough, layoff, recall, suspend, discipline, or remove other employees, to adjust their grievances, or to effectively recommend such action, if the exercise of the authority is not merely routine or clerical in nature, but requires the consistent exercise of independent judgment.

Supervisor's Employee Work Folder—A working file maintained by the supervisor containing copies of working documents such as performance appraisal information, safety briefings, leave information, and drug testing notices. This file is authorized by Air Force Publication (AFP) 36-106, *Supervisor's Records*. The file is also commonly referred to as the "971 file."

Testing Designated Positions (TDP)—Those positions described in Section 7(d) of EO. 12564 that are designated by the Air Force. TDP are characterized by their critical safety or security responsibilities as they relate to the mission of the DoD component. The job functions associated with these positions have a direct and immediate impact on public health and safety, the protection of life and property, law enforcement, or U.S. national security. These positions require the highest degree of trust and confidence. All positions that require that the incumbent possess a security clearance of "Top Secret" or higher may be designated for testing.

Trusted Agent—An individual appointed by unit commanders to receive and maintain rosters of individuals (notification letter from the DDRPM or DTPAM) selected for urinalysis testing. The Trusted Agent is responsible for ensuring supervisors notify, via commander's order, individuals selected for urinalysis testing and identifying those individuals unavailable for testing. See detailed description of duties and qualifications at paragraph 4.4.9.1.

971 File—See Supervisor's Employee Work Folder.

Attachment 2

AIR FORCE APPROPRIATED FUND CIVILIAN EMPLOYEE DRUG

TESTING DESIGNATED POSITIONS

The Air Force has identified specific categories of positions whose incumbents will be subject to drug testing according to the AFCDTP. These positions have duties and responsibilities consistent with the parameters established by the EO, guidance issued by the Office of the National Drug Control Policy (ONDCP), and supplementary guidance issued by the Interagency Coordinating Group (ICG) Executive Committee and by the Department of Justice, Civil Division and the DoDD 1010.9 TBD, "DoD Civilian Employee Drug Abuse Testing Program." The Air Force has categorized positions as either Presumptive TDP, mandatory TDP, with local authority to designate additional positions meeting the criteria; Preferred TDP, mandatory TDP but requiring HQ USAF/A1 written approval to designate additional positions; or Discretionary TDP, which require Air Force to consult with DoD before approving TDP positions under this category.

Presumptive positions are identified by general criteria and specific occupational series/codes when it is known that those positions meet the general criteria. Preferred positions are identified by specific occupational series/codes. Positions in the applicable series/codes identified below as Presumptive and Preferred will be TDP even if the employees are leaders or supervisors.

Positions identified as TDP under these procedures will be documented on the position description with the statement *"This is a drug testing designated position. The incumbent is subject to random testing for drug use."*

Requests for revisions to TDP shall be forwarded from installation personnel offices to AFPC/DPIE to HQ USAF/A1. HQ USAF/A1 shall send HQ AFMOA/SGHW, Air Force Legal Services Agency/Central Labor Law Office (AFLSA/CLLO), and the Air Force Administrative Law Division (AF/JAA) an information copy. HQ USAF/A1 will review the request and forward Air Force approved requests to the Assistant Secretary of Defense for Health Affairs (ASD/HA) and/or the DoD Drug Coordinator for Drug Enforcement Policy and Support (CDEP&S) for DoD approval.

Request packages should contain a statement describing the proposed changes, the official position descriptions or a summary of the duties performed by the positions being recommended for drug testing, and a written justification for each proposed TDP. In some cases group justifications may suffice for positions that share common duties and fall under the same TDP category.

The ASD/HA will approve the establishment of all test designated positions in coordination with the Department of Health and Human Services and the Department of Justice. ASD/HA will work with the ONDCP for approval of requests.

Category I – Presumptive Included TDP

Category I positions are those that meet the criteria for presumptive TDP. Positions that meet the criteria for Category I coverage are presumed to meet the ONDCP criteria and must be locally identified as TDP even when they are not specifically identified in this plan by series/code.

Type I: Employees who carry firearms on a routine or recurring basis

At a minimum, positions in the following occupational series/codes will be reviewed and designated as appropriate.

0083, Police

0085, Security Guard

1712, Training Instructor, Marksmanship

1811, Criminal Investigating

Justification: These positions are required to carry firearms on a daily or regular basis. There is well developed law and a clear public interest in testing employees who are required to carry firearms on a daily or regular basis. Furthermore, guidance from ONDCP requires such positions to be Presumptive TDP.

Type 2: Motor vehicle operators

At a minimum, positions in the following occupational series/codes will be TDP:

0081, Fire Protection and Prevention, (driving duties)

5701, General Mobile Equipment Operating,

5703, Motor Vehicle Operating

5767, Airfield Clearing Equipment Operating

In addition, positions in Recreation and Child/Youth Development that regularly drive passengers on tours and field trips in the following occupational series/codes will be TDP:

0188, Recreation Specialist

0189, Recreation Aid and Assistant

1701, General Education and Development

1702, Education and Training Technician

Justification: The Air Force elects to designate all positions with driving duties for testing regardless of number of passengers, cargo, size of vehicle, and limitations to driving on base only. Typical Air Force installations are highly concentrated areas of hazardous and explosive material, children in housing areas, and a significant number of vehicles carrying passengers such as school buses and aircrew vehicles. The safety risk to an Air Force installation in operation of light vehicles without passengers or hazardous materials is as great as the risk the vehicles with a certain number of passengers or specifically carrying hazardous material.

Type 3: Aviation flight crewmembers and air-traffic controllers

Positions in the following occupational series/codes will be TDP:

301, Air Commander

2152, Air Traffic Control

2181, Aircraft Operations

2183, Air Navigation

2185, Aircrew Technician

Justification: The above referenced series/codes represent positions that are either aviation flight crew members or air traffic controllers. There is well developed law and a clear public interest in testing positions that are aviation flight crew members or air traffic controllers. Furthermore, guidance from the ONDCP requires such positions to be Presumptive TDP.

Railroad operating crews

Positions in the following occupational series/code will be TDP:

5737, Locomotive Engineering

Justification: The above referenced series/code presents positions that serve as railroad operating crews. There is well developed law and a clear public interest in testing railroad operating crews. Furthermore, guidance from the ONDCP requires such positions to be Presumptive TDP.

Category II -- Preferred TDP

Category II positions require the Air Force to consult with ASD (HA) and the DoD Coordinator for Drug Enforcement Policy and Support (CDEP&S) prior to identification as a TDP; therefore, installations are prohibited from identifying any position which is not specifically identified in this attachment by occupational series/code. These positions include those meeting the criteria established in the Interagency Group Committee memorandum dated 2 August 1999, *Guidance*

for Selection of Testing Designated Positions, prepared by ONDCP for preferred TDP, discretionary designations, and specifically disfavored positions.

These positions **may not** be designated as a TDP without specific authorization from HQ USAF/A1.

Type 1: Health and safety responsibilities involving a potentially dangerous instrument or machine

- a. Employees authorized to carry firearms on less than a routine or recurring basis, i.e., in emergencies. Positions in the following occupational series/codes will be TDP:

0083, Police

0085, Security Guard

1811, Criminal Investigating **Justification:** Authorization to carry firearms involves a clear and substantial risk to personal and public safety.

- b. Railroad employees engaged in safety sensitive tasks:

Positions in the following occupational series/code will be TDP:

5736, Braking-Switching and Conducting

Justification: This work involves coordinating the movement of locomotives and trains and poses a clear and substantial safety risk.

- c. Aviation personnel including attendants, instructors, flight testing personnel, dispatchers, maintenance, security and safety inspectors. Positions in the following occupational series/codes will be TDP:

856, Electronics Technician, involving maintenance of air traffic control equipment

1712, Training Instructor, Flying Training

1815, Air Safety Investigating

1825, Aviation Safety

2102, Transportation Clerk and Assistant, involving aircraft dispatching

2150, Transportation Operations, involving airfield management work

2151, Dispatching, involving aircraft dispatching

2154, Air Traffic Assistance

2604, Electronics Mechanic, involving avionics and air traffic control equipment

2610, Electronic Integrated Systems Mechanic, involving avionics and air traffic control equipment

2892, Aircraft Electrician

3105, Fabric Working, involving flight survival equipment

3703, Welder, involving aircraft

3806, Sheet Metal Mechanic, involving aircraft

3700, Metal Processing Family, positions not covered above but directly involved in aircraft maintenance

4818, Aircraft Survival Flight Equipment Repairing,

5413, Fuel Distribution System Operating, involving aircraft refueling

5485, Aircraft Weight and Balance Operating

6652, Aircraft Ordnance Systems Mechanic

6968, Aircraft Freight Loading

7010, Parachute Packing

8268, Aircraft Pneudraulic Systems Mechanic

8602, Aircraft Engine Mechanic

8675, Liquid Fuel Rocket Engine Mechanic

8810, Aircraft Propeller Mechanic

8840, Aircraft Mechanical Parts Repairing

8852, Aircraft Mechanic

8862, Aircraft Attending

8863, Aircraft Tire Mounting

8882, Airframe Test Operating

2601, General Electronic Equipment Installation and Maintenance, performing aircraft maintenance duties

3359, Instrument Mechanic involving maintenance and repair of instruments installed on aircraft or air traffic control equipment

5401, General Industrial Equipment Operation, performing aircraft maintenance

5413, Fuel Distribution System Operating, involving work on military aircraft fuel distribution systems

8801, General Aircraft Overhaul positions

Justification: Direct maintenance of aircraft, aircraft subsystems, and air traffic control equipment; technical work in support of air traffic control operations; aviation safety investigating; and training of air crews all involve clear and substantial responsibilities for safety of flight crews as well as the general public.

Type 2: Presidential appointees requiring Senate confirmation (pay plan EX)

The following Air Force positions are testing designated:

The Secretary of the Air Force

The Under Secretary of the Air Force

The Assistant Secretary of the Air Force, Acquisition

The Assistant Secretary of the Air Force, Financial Management and Comptroller

The Assistant Secretary of the Air Force, Manpower and Reserve Affairs

The Assistant Secretary of the Air Force, Installations, Environment, and Logistics

The Air Force General Counsel

Justification: There is clear public interest in having senior Air Force leadership positions designated for testing.

Type 3: Front line law enforcement personnel with proximity to criminals, drugs, or drug traffickers

Positions in the following occupational series/codes will be reviewed and designated as appropriate.

0083, Police

1802, Criminal Investigative Assistants in OSI with access to evidence rooms

1811, Criminal Investigating

Justification: Police and Criminal Investigators, if not covered under the firearms category, are regularly involved in the investigation of drug-related crimes. The Criminal Investigative Assistants with access to evidence rooms or chain-of-custody responsibility regularly have access to drugs confiscated in the investigation of drug-related crimes.

Type 4: Drug Rehabilitation employees providing direct client care

Positions in the following occupational series/codes will be reviewed and designated as appropriate.

101, Social Sciences

180, Psychology

181, Psychology Aid and Technician

185, Social Work

602, Medical Officer

610, Nursing

Justification: Direct client care to known illicit drug users requires employee assistance personnel to be free of illicit drug use to avoid compromise of the spirit and intent of the drug testing program and to ensure that the care given is of the highest quality. Drug rehabilitation duties are inconsistent with illicit drug use.

The Air Force has consulted with and obtained the concurrence of the ONDCP to designate the following specific positions as TDP. Additional TDP may be added only after petitioning HQ USAF/A1.

Type 5: Personnel having access to truly sensitive information, i.e., national security material

Positions requiring routine access to truly sensitive information that has the potential to damage national interests if compromised will be identified as TDP. Table A22.1 of AFI 31-501, USAF *Personnel Security Program Management*, identifies applicable position codes assigned to positions based on the level of access to classified information of each position and the type of investigation required. Positions coded with a Position Code of 5 and/or 7 must be identified as a TDP.

Justification: The Air Force elects to identify all positions with access to truly sensitive national security information as TDP. Such positions involve information that if disclosed could

seriously damage national security interests and jeopardize the lives of members of the United States armed services and allies. The use of illicit drugs demonstrates a disregard for the laws of the United States, poor judgment, and exposes the individual to risks of extortion, thereby rendering such individuals unsuitable for continued access to sensitive information.

Type 6: Positions covered by the Personnel Reliability Program (PRP)

All positions involving access to nuclear weapons or materials are covered by the personnel reliability program (PRP) as described in AFI 36-2104, *Nuclear Weapons Personnel Reliability Program*. These positions are coded as part of the civilian record in the data system as code A - critical position for nuclear weapons duty, or code D - controlled position for nuclear weapons duty.

Justification: Positions involving access to nuclear weapons pose special risks to the national security and safety. The consequences of any mishap are extraordinarily high and employees must therefore be free of any substances, including but not limited to illicit drugs that could impair judgment or performance.

Category III -- Discretionary TDP

Category III positions require the Air Force to consult with DoD and the Interagency Coordinating Group (ICG) Executive Committee prior to identification as a TDP; therefore, installations are prohibited from identifying any position which is not specifically identified in this attachment by occupational series/code. These positions **may not** be designated as a TDP without specific authorization from HQ USAF/A1.

Type 1: Protection of life and property

Positions in the following occupational series/codes will be TDP:

081, Fire Protection and Prevention

189, Recreation Aid and Assistant

2151, Dispatching, involving dispatch of emergency equipment such as fire fighting and rescue equipment.

Justification: Firefighting and rescue work is clearly and directly involved with personal and public safety.

Type 2: Health occupations providing direct patient care

Positions in the following occupational series/codes:

602, Medical Officer, clinical work

603, Physician's Assistant

610, Nurse

620, Practical Nurse

621, Nursing Assistant

631, Occupational Therapist

633, Physical Therapist

636, Rehabilitation Therapy Assistant

642, Nuclear Medicine Technician

644, Medical Technologist

645, Medical Technician

646, Pathology Technician

647, Diagnostic Radiological Technologist

648, Therapeutic Radiological Technologist

649, Medical Instrument Technician

651, Respiratory Therapist

660, Pharmacy

661, Pharmacy Technician

664, Restoration Technician

665, Speech Pathology and Audiology

667, Orthotist and Prosthetist

668, Podiatrist

680, Dental Officer, clinical work

681, Dental Assistant

682, Dental Hygienist

601, General Health Science, if the work involves direct patient care

640, Health Aid and Technician, all Paramedic and Emergency Medical Technician work and any other work involving direct patient care

699, Medical and Health Student Trainee, if the work involves direct patient care

1320, Chemistry, if the work involves medical diagnostic testing

Justification: Direct patient care has clear and substantial impact on patient and public health and safety.

Type 3: Personnel working with armament, explosives, and hazardous materials

Positions in the following occupational series/codes will be TDP:

6502, Explosives Operating

6505, Munitions Destroying

6511, Missile/Toxic Materials Handling

6517, Explosives Test Operating

6605, Artillery Repairing

6606, Artillery Testing

6610, Small Arms Repairing

6641, Ordnance Equipment Mechanic

6656, Special Weapons Systems Mechanic

6913, Hazardous Waste Disposing

2131, Freight Rate Series, involved with packing and crating of munitions

4604, Wood Worker, involved with packing and crating of munitions

5700 Transportation/Mobile Equipment Operation Family

6907, Materials Handler

Justification: Work with armament, explosives, and hazardous materials poses substantial risk to public safety.

Type 4: Personnel working with Biological Select Agents and Toxins

Positions in the following occupational series/codes and job titles will be TDP:

401, Biological Science - Biologist	Lab Director/Senior Scientist
401, Biological Science - Biologist	Senior Research Scientist
403, Microbiologist Research Microbiologist	Associate

Justification: Unsupervised access to biological select agents and toxins; Secret or Top Secret Clearance required.

Attachment 3

AIR FORCE NONAPPROPRIATED FUND CIVILIAN DRUG TESTING POSITIONS (TDP)

The Air Force has identified specific categories of positions whose incumbents will be subject to drug testing according to the AFCDTP. These positions have duties and responsibilities consistent with the parameters established by the EO, guidance issued by ONDCP, and supplementary guidance issued by the Interagency Coordinating Group (ICG) Executive Committee. The Air Force has categorized positions as either Tier I, mandatory as TDP with local authority to designate additional positions meeting the criteria, and Tier II, mandatory as TDP but requiring AF/A1 written approval to designate additional positions.

Tier I positions identified by general criteria and specific occupational descriptions are listed when it is known that those positions meet the general criteria. Tier II positions are identified by specific occupational descriptions. Core personnel documents/position descriptions for positions identified as TDP under these procedures will be documented with the statement *“This is a drug testing designated position. The incumbent is subject to random testing for drug use.”*

Tier I -- Mandatory TDP

Tier I positions are those that meet the criteria set out by ONDCP for presumptive TDP. Positions that meet the criteria for Tier I coverage are presumed to meet the ONDCP criteria and **must** be locally identified as TDP even when they are not specifically identified in this AFL. Installation personnel and human resources offices will forward identification of local designations, along with specific justification, through MAJCOMS and Air Force Services Agency (AFSVA) to AF/A1XN. AF/A1 shall send HQ AFMOA/SGHW, AFLSA/CLLO, and AF/JAA an information copy. AF/A1 shall also send ONDCP an information copy through the DoD Drug Testing and Program Policy Manager.

Tier I - Mandatory TDP:

Employees who carry firearms on a routine or recurring basis

At a minimum, positions in the following occupations will be reviewed and designated as appropriate: Rod and Gun Club firearms instructors.

Justification: These positions are required to carry firearms on a daily or regular basis. There is well developed law and a clear public interest in testing employees who are required to carry firearms on a daily or regular basis. Furthermore, guidance from ONDCP requires such positions to be Presumptive TDP.

Motor vehicle operators

Any employee who has motor vehicle operation (on and off road) duties as part of his or her position description such as: recreation specialists, aides and assistants; motor vehicle operators; and tractor, truck, warehouse equipment, and recreational boat operators.

Justification: The Air Force elects to designate all positions with driving duties for testing regardless of number of passengers, cargo, size of vehicle, and limitations to driving on base only. Typical Air Force installations are highly concentrated areas of hazardous and explosive material, children in housing areas, and a significant number of vehicles carrying passengers such as school buses and aircrew vehicles. The safety risk to an Air Force installation in operation of light vehicles without passengers or hazardous materials is as great as the risk the vehicles with a certain number of passengers or specifically carrying hazardous material.

Tier II - Limited Mandatory TDP

Tier II positions require the Air Force to consult with ONDCP prior to identification as a TDP; therefore, installations are prohibited from identifying any position which is not specifically identified in this attachment by occupational series and/or skill code(s). These positions include those meeting the criteria established in the *1999 Guidance for Selection of Testing Designated Positions*, set out by ONDCP for preferred TDP, discretionary designations, and specifically disfavored positions. A fully justified request to identify additional positions as TDP must be forwarded by the servicing HRR, through their MAJCOM and AFSVA to AF/A1. The request must also include a copy of the performance plan or standard core personnel document, and MAJCOM SG and MAJCOM A1 recommendation to approve/disapprove the request. AF/A1XN will obtain HQ AFMOA/SGHW, AFLSA/CLLO, and AF/JAA coordination before consulting with the ONDCP through the DoD Drug Testing and Program Policy Manager. The position **may not** be designated as a TDP without specific authorization from AF/A1.

The Air Force has consulted with and obtained the concurrence of the ONDCP to designate the following specific positions as TDP. Additional TDP may be added only after petitioning AF/A1.

Protection of life and property:

Recreation aides and assistants (lifeguards, outdoor recreation) Child Development Center and Youth program personnel

Health and safety responsibilities involving a potentially dangerous instrument or machine

Employees responsible for instructional operation and maintenance of NAFI-owned or -operated aircraft and employees offering instruction and demonstrating the operation of woodworking and metalworking machinery. Positions in the following occupations will be TDP:

Aero Club flight instructors

Aero Club aircraft mechanics

Woodworking instructors

Metal hobby shop instructors

Justification: The Air Force elects to designate all NAF positions with flying duties and aircraft maintenance duties for testing regardless of number of passengers, cargo, size of aircraft, and limitations on flight. Failure to maintain sobriety during execution of aircraft operation and maintenance risks loss of life, serious injury and costly property damage. The Air Force further elects to designate all NAF positions with duties including operation, maintenance and instruction using woodworking and metalworking machinery. Failure to maintain sobriety while using these types of machines can easily result in serious bodily harm and loss of life.

Attachment 4**SAMPLE LETTER - NOTICE OF DRUG TESTING AS A CONDITION OF
EMPLOYMENT FOR INDIVIDUALS NEWLY ASSIGNED TO TDP****APPROPRIATE LETTERHEAD
UNITED STATES AIRFORCE**

(Date)

MEMORANDUM FOR *(Employee Name - Incumbent of position newly designated as a TDP)*

FROM: Civilian Personnel Flight

SUBJECT: Notice of Drug Testing as a Condition of Employment

1. The position of *(Title, Series, and grade)* to which you are assigned has been designated by the Air Force as a testing designated position (TDP) under the Air Force Civilian Drug Testing Program. For the purpose of this program, TDP are those positions sufficiently critical to the Air Force mission or to the protection of public safety to warrant screening of the incumbent employee to detect the presence of drugs as a job-related requirement. Illicit drug use by employees in sensitive positions presents a clear threat to the mission of the Air Force, national security, or public safety.
2. As a mandatory requirement for your continued employment in this TDP, it is required you (a) refrain from the use of illicit drugs and (b) submit to urinalysis testing pursuant to AFI 44-107, *Air Force Civilian Drug Testing and Substance Abuse Program*. You are directed to read and become familiar with AFI 44-107. Therefore, 30 days after receipt of this notice, you will be subject to urinalysis testing on an unannounced random basis.
3. You will receive specific instructions concerning when and where the test will be conducted immediately prior to the test. You will be allowed individual privacy while providing the urine specimen unless there is reason to believe the specimen may be or has been altered. The collection, handling, and testing of the urine specimen will be conducted under chain of custody procedures established by the Health and Human Services Technical Guidelines to ensure accuracy of the test result. The quality of testing procedures is tightly controlled to ensure results will be handled with the maximum respect for individual confidentiality.
4. If you refuse to furnish a urine specimen as directed, or if illicit drug use is detected through a Medical Review Officer (MRO) verified/validated positive test result, you will have failed to meet the mandatory employment requirement for this sensitive position. If you refuse to furnish a urine specimen, or, if you provide a urine specimen that ultimately reflects the use of an illicit drug you will be subject to disciplinary action, ranging from reprimand to removal. If you are found to have used an illicit drug, you will be reassigned from the TDP. Additionally, you may be disciplined, up to and including removal from Federal service, if you fail to participate in a counseling or treatment program. However, even if you agree to participate in and subsequently complete a counseling or treatment program, you may still be subject to disciplinary action,

which may include removal, depending on the totality of the circumstances of your situation. Your agreement to participate in a counseling or treatment program will be one of the factors considered in determining the level of discipline or disciplinary action imposed. Prescription drugs authorized by a physician and verified by appropriate evidence are excluded from such determinations. You will be given an opportunity to submit medical documentation to the MRO in order to verify the legitimate use of specific drugs before any action will be taken. Absent valid medical documentation, you may be removed from the Federal Service.

5. If you believe you may have a drug problem, you are encouraged to voluntarily seek counseling or referral services by contacting the Employee Assistance Program (EAP) at *(provide phone number)* or, if an EAP is not locally available, the Alcohol and Drug Abuse Prevention and Treatment (ADAPT) Program office at *(provide phone number and modify as necessary for local situations)*. If you do self-identify and agree to provisions described in the civilian drug testing program during this 30-day notice period, you will not be subject to disciplinary action for past use.

AUTHORIZED CIVILIAN PERSONNEL FLIGHT SPECIALIST

I acknowledge receipt of the letter and have read its contents. I understand that I may be selected for random drug testing. I understand that I will be subject to drug testing when there is reasonable suspicion to believe that I am under the influence of drugs or as a result of a safety mishap. I also understand that refusal to submit to testing will result in initiation of disciplinary action, up to and including removal.

SIGNATURE OF EMPLOYEE

DATE

Attachment 5**SAMPLE LETTER - NOTIFICATION LETTER FOR
DRUG TESTING AS A CONDITION OF EMPLOYMENT****APPROPRIATE LETTERHEAD
UNITED STATES AIR FORCE**

(Date)

MEMORANDUM FOR *(Tentatively Selected Applicant Name - Current Air Force Employee Moving to TDP)*

FROM: Civilian Personnel Flight/Human Resource Office

SUBJECT: Notice of Drug Testing as a Condition of Employment

1. The position of *(Title, Series, and grade)* for which you have been tentatively selected is designated by the Air Force as a testing designated position (TDP) under the Air Force Civilian Drug Testing Program. For the purpose of this program, TDP are those positions sufficiently critical to the Air Force mission or to the protection of public safety to warrant screening to detect the presence of drugs as a job-related requirement. Illicit drug use by employees in sensitive positions present a clear threat to the mission of the Air Force, national security, and public safety.
2. To receive further consideration for this TDP, you must sign this notice and agree to submit to urinalysis testing in order to determine your fitness for placement into this TDP, prior to the effective date of the action.
3. If you sign this notice and then refuse to furnish a urine specimen, the position offer will be withdrawn. If a laboratory verified positive test result is received, you will be given an opportunity to submit medical documentation to the Medical Review Officer (MRO) to support the legitimate use of prescription drugs. If illicit drug use is MRO verified/validated through the test result, the position offer will be withdrawn and, as a current Air Force employee, you will be subject to disciplinary action.
4. If you are placed into this TDP, the following employment requirements apply:
 - (a) It will continue to be mandatory for you to refrain from the use of illicit drugs, and you will continue to be subject to testing under the following circumstances: 1) when there is a reasonable suspicion that you use illicit drugs, 2) as part of a safety/mishap investigation, or 3) as part of or follow-up to counseling or treatment for illicit drug use.
 - (b) You will be subject to urinalysis testing on an unannounced random basis.
 - (c) If you refuse to furnish a urine specimen, or if you provide a urine specimen that ultimately reflects the use of an illicit drug, you may be removed from Federal Service.

(d) If illicit drug use is detected through a MRO verified/validated positive test result, you may be disciplined, ranging from reprimand to removal from Federal Service. Additionally, you are subject to assignment to a non-TDP. You will be removed from Federal Service if you fail to agree to participate in a counseling or treatment program. However, even if you agree to participate in and subsequently complete a counseling or treatment program, you may still be subject to disciplinary action, which may include removal based on the totality of the circumstances of your situation. Your agreement to participate in a counseling or treatment program will be one of the factors considered in determining the level of discipline or disciplinary action imposed.

5. You will be allowed individual privacy while providing the urine specimen unless the specimen has been altered. The collection, handling, and testing of the urine specimen will be conducted under chain of custody procedures established by the Department of Health and Human Services to ensure accuracy of the test result. The quality of testing procedures is tightly controlled to ensure results will be handled with the maximum respect for individual confidentiality.

6. If you believe you may have a drug problem, you are encouraged to voluntarily seek assistance by contacting the Employee Assistance Program (EAP) at *(provide phone number)* or, if an EAP is not locally available, the ADAPT Program Office *(provide phone number and modify as necessary for local situations)*.

AUTHORIZED CIVILIAN PERSONNEL FLIGHT SPECIALIST

I acknowledge receipt of the letter and have read its contents. I understand that I may be selected for random drug testing. I understand that I will be subject to drug testing when there is reasonable suspicion to believe that I am under the influence of drugs or as a result of a safety mishap. I also understand that refusal to submit to testing will result in initiation of disciplinary action, up to and including removal.

SIGNATURE OF EMPLOYEE

DATE

Attachment 6**SAMPLE LETTER - NOTICE OF DRUG TESTING AS A CONDITION OF
EMPLOYMENT FOR NON-AIR FORCE EMPLOYEES ACCEPTING TDP****APPROPRIATE LETTERHEAD
UNITED STATES AIR FORCE**

(Date)

MEMORANDUM FOR *(Tentatively Selected Applicant Name - Non-Air Force Employee Accepting TDP)*

FROM: Civilian Personnel Flight/Human Resource Office

SUBJECT: Notice of Drug Testing as a Condition of Employment

1. The position of *(Title, Series, and grade)* for which you have been tentatively selected is designated by the Air Force as a testing designated position (TDP) under the Air Force Civilian Drug Testing Program. For the purpose of this program, TDP are those positions sufficiently critical to the Air Force mission or to the protection of public safety to warrant screening to detect the presence of drugs as a job-related requirement. Illicit drug use by employees in sensitive positions presents a clear threat to the mission of the Air Force, national security, or public safety.
2. To receive further consideration for this TDP, you must sign this notice and agree to submit to urinalysis testing, if requested, in order to determine your fitness for appointment, prior to the effective date of the appointment (or within three days of entry on duty where the commander has authorized delayed testing).
3. If you sign this notice and then refuse to furnish a urine specimen as requested, or if illicit drug use is detected through a Medical Review Officer (MRO) verified/validated positive test result, the position offer will be withdrawn. In the event your applicant drug test is deferred until after you report for duty and you either refuse to furnish a urine specimen as requested, or illicit drug use is detected, your employment will be terminated, as your employment was contingent upon successfully passing a drug test. You are given the opportunity prior to the urine test to provide medical documentation detailing authorized prescription medication you are taking. Additionally, if a laboratory verified positive test result is received, you will be given an opportunity to submit medical documentation to the MRO to support your legitimate use of prescription drugs prior to the validation of the test results.
4. If you are appointed to this TDP, the following employment requirements apply:
 - (a) It will be mandatory that you refrain from the use of illicit drugs.
 - (b) You will be subject to urinalysis testing under the following circumstances: (1) on an unannounced random basis; (2) when there is reasonable suspicion that you have used illicit drug;

(3) as part of a safety/mishap investigation; or (4) as part of or as a follow-up to counseling or treatment for illicit drug use.

(c) After appointment, if you refuse to furnish a urine specimen, you will be subject to disciplinary action ranging from reprimand to removal.

(d) After appointment, if illicit drug use is detected through a MRO verified/validated positive test result, you will be subject to disciplinary action, including removal from Federal Service. If you are found to have used an illicit drug, you will be reassigned from the TDP. Additionally, you will be removed from Federal Service if you fail to agree to participate in a counseling or treatment program. However, even if you agree to participate in and subsequently complete a counseling or treatment program, you may still be subject to disciplinary action, including removal, if warranted by the facts of your situation. Your agreement to participate in a counseling or treatment program will be one of the factors considered in determining the level of discipline or disciplinary action imposed.

5. You will be allowed individual privacy while providing the urine specimen unless there is reason to believe the specimen will be or has been altered. The collection, handling, and testing of the urine specimen will be conducted under chain of custody procedures established by the Department of Health and Human Services to ensure accuracy of the test result. The quality of testing procedures is tightly controlled to ensure results will be handled with the maximum respect for individual confidentiality.

AUTHORIZED CIVILIAN PERSONNEL FLIGHT SPECIALIST

I acknowledge receipt of the letter and have read its contents. I understand that I may be selected for random drug testing. I understand that I will be subject to drug testing when there is reasonable suspicion to believe that I am under the influence of drugs or as a result of a safety mishap. I also understand that refusal to submit to testing will result in initiation of disciplinary action, up to and including removal.

SIGNATURE OF EMPLOYEE

DATE

Attachment 7**SAMPLE LETTER - EMPLOYEE NOTIFICATION OF DRUG TESTING RESULTING
FROM AN ACCIDENT OR SAFETY MISHAP****APPROPRIATE LETTERHEAD
UNITED STATES AIR FORCE**

(Date)

MEMORANDUM FOR (Employee Name)

FROM: (Supervisor's Office Symbol)

SUBJECT: Notice to Report for Accident or Safety Mishap Drug Testing

1. After coordination with a higher level supervisor and an attorney from the Staff Judge Advocate's Office, I have determined that your acts have contributed to a safety mishap or accident involving (*provide only very general information sufficient to clearly identify the particular incident*).
2. The Air Force is committed to providing a safe and secure working environment and accident or mishap drug testing can provide invaluable information in furtherance of that interest. Therefore, you are hereby directed to report to (*specific location of testing*) at (*specific time*) to provide a urine sample for drug testing purposes. The collection, handling, and testing of the urine specimen may be conducted under chain of custody procedures established by the Health and Human Services Technical Guidelines to ensure accuracy of the test result. The quality of testing procedures is tightly controlled to ensure results may be handled with the maximum respect for individual confidentiality. Direct observation is required.
3. If you refuse to furnish a urine specimen as directed, or if illicit drug use is detected through a MRO verified/validated positive test result, you may be subject to disciplinary action ranging from reprimand to removal, depending on the specific circumstances.

SUPERVISOR'S SIGNATURE BLOCK

I acknowledge receipt of the letter and have read its contents.

SIGNATURE OF EMPLOYEE

DATE

Attachment 8

**SAMPLE LETTER- EMPLOYEE NOTIFICATION FOR DRUG TESTING AS A
RESULT OF REASONABLE SUSPICION****APPROPRIATE LETTERHEAD
UNITED STATES AIR FORCE**

(Date)

MEMORANDUM FOR (Employee Name)

FROM: (Supervisor's Office Symbol)

SUBJECT: Notice to Report for Reasonable Suspicion Drug Testing

1. After coordination with a higher level supervisor and an attorney from the Staff Judge Advocate's Office, I have determined that there is a reasonable suspicion you have used an illicit drug and that the illicit drug is still in your system. You are therefore directed to report to (*specific location of testing*) at (*specific time*) to provide a urine sample for drug testing purposes under direct supervision. The collection, handling, and testing of the urine specimen will be conducted under chain of custody procedures established by the Health and Human Services Technical Guidelines to ensure accuracy of the test result. The quality of testing procedures is tightly controlled to ensure results will be handled with the maximum respect for individual confidentiality. Direct observation is required.
2. If you refuse to furnish a urine specimen as directed, or if illicit drug use is detected through a MRO verified/validated positive test result, you will be subject to disciplinary action ranging from reprimand to removal, depending on the specific circumstances.

SUPERVISOR'S SIGNATURE BLOCK

I acknowledge receipt of the letter and have read its contents.

SIGNATURE OF EMPLOYEE

DATE

Attachment 9**RELEASE OF PATIENT INFORMATION MEMORANDUM**

FROM: (*Organization or individual making the disclosure*)

SUBJECT: Release of Patient Information

TO: (*Name or title of the person or organization to which the disclosure is to be made*)

1. According to the attached "Consent for Release of Patient Information During or After Treatment or Rehabilitation", I have released information to you regarding (*Patient's name*).
2. This information has been disclosed to you from confidential records protected by Federal law. See 42 U.S.C. 290dd-2. Federal regulations, at 42 C.F.R. Part 2, prohibits any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by those regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose.

SIGNATURE BLOCK

Attachment:

Consent for Release of Patient Information During or After Treatment or Rehabilitation

Attachment 10**CONSENT FOR RELEASE OF PATIENT INFORMATION DURING OR AFTER
TREATMENT OR REHABILITATION**

I, _____, hereby consent to the disclosure of
(Employee/Patient Name)

information concerning my progress in treatment. I authorize the

(Treatment/Rehabilitation Program)

to disclose that clinical and medical information to the following individuals:

The Alcohol and Drug Abuse Prevention and Treatment Program Manager (ADAPT PM)
/Employee Assistance Program Counselor (Name and location :_____);

I authorize disclosure of information about my participation in treatment/rehabilitation to my
supervisor (Name :_____);

and the Human Resources representative (Name :_____)

for monitoring under Executive Order (EO) 12564, which sets forth the objective of achieving a
drug-free Federal workplace.

I understand that this consent is subject to revocation at any time, except to the extent that action
has been taken in reliance thereon, and that it will expire without express revocation upon

_____.
(date, event, condition)

This consent to disclose the above described treatment records for the purpose set out above was
voluntary and not subject to coercion.

(Signature of Employee/Patient)

(Date on which consent is signed)

CLAUSE FOR USE IF EMPLOYEE IS A MINOR OR LEGALLY INCOMPETENT

I, _____, the (parent/legal guardian or personal legal
(Name)

representative) of the above named employee/patient, hereby consent to the aforementioned release of information on his/her behalf.

(Signature of parent/legal guardian or personal legal representative)

(Date)

Attachment 11**INSTRUCTIONS FOR COMPLETING THE DRUG TESTING CUSTODY AND CONTROL FORM**

The following instructions are IAW procedures established by the HHS Mandatory Guidelines for the Federal Workplace Drug Testing Program.

NOTE: Use ballpoint pen, press hard and check all copies for legibility.

STEP 1. Completed by Collector or Employer Representative

If the information in STEP 1 has not been completed, DDRPM or DTPAM completes STEP 1 parts A-F.

Part A. Employer Name, Address and I.D. Number: This should be the name and address of the submitting unit.

Part B. MRO Name, Address and Telephone Number.

Part C. Donor SSN or Employee I.D. No.: Enter the donor's social security number. Donor refusal to provide SSN or Employee I.D. number must be annotated in STEP 2, DTPAM's REMARKS section.

Part D. Reason for Test: Mark the appropriate box.

Part E. Tests to be Performed: This should be pre-marked. If not, indicate testing for cannabis (THC), cocaine, amphetamines, opiates and phencyclidine (PCP).

Part F. Collection Site Address: This is the address of actual site of collection. Also annotate the phone number and fax number of the collector.

STEP 2. Completed by Collector

Upon receiving the specimen from the donor, check the specimen temperature. This must be accomplished within four (4) minutes. Check block marked "Yes" if temperature is within range. If specimen temperature is not within range, check block marked "No", and record specimen temperature. If this was an observed collection, indicate by marking the box and provide a statement in the remarks section.

STEP 3.

- a. Secure cap on specimen bottle (containing at least 30 ml of urine) and affix specimen bottle seal labeled "A" over the cap and down the sides of the specimen bottle.
- b. Record the date on the specimen bottle seal.
- c. Instruct the donor to initial the specimen bottle seal.

d. Instruct the donor to complete STEP 5 on Copy 2 (MRO Copy). Instruct the donor to read the certification statement. Donor refusal to sign must be annotated in STEP 2, Remarks Section.

(1) Donor must sign the CCF

(2) Donor must print his/her name (First, MI, Last)

(3) Donor must date the form (Mo/Day/Yr.)

(4) Donor must provide a daytime phone number

(5) Donor may provide an evening phone number; however the AF is not requiring that he/she does so.

(6) Donor must provide a date of birth (Mo/Day/Yr.)

e. Upon completion, check donor entries and return to Copy 1.

STEP 4. Chain of Custody - Initiated by Collector and Completed by Laboratory

a. After returning to Copy 1, go to STEP 4.

b. DDRPM or DTPAM completes collection certification section by printing and signing his/her name, recording the date and the time of collection. Be sure to circle A.M. or P.M.

c. In the box marked "Specimen Bottle(s) Released To:" print the name of the delivery service transferring the specimen to the testing laboratory (e.g., U.S. Postal Service).

COMPLETING THE COLLECTION PROCESS

a. Upon completing STEP 4, give the donor his/her copy, Copy 5, of the Federal Drug Testing Custody and Control Form.

b. Place the specimen bottle and Copy 1 of the Federal Drug Testing Custody Form in the shipping container.

c. Secure the shipping container. On the shipping container seal, record your initials and the date.

d. Send Copy 2 directly to the MRO. Do not send to the laboratory.

e. Retain Copy 3 for your records.

f. Forward Copy 4 to the employer (HRR). Do not send to the laboratory.

STEP 5a. Primary Specimen Test Results - Completed by the Primary Laboratory

This step is completed by the laboratory after testing the specimen.

- a. The laboratory must report the result as either “NEGATIVE,” “POSITIVE” for a specific drug, or “Rejected for Testing Adulterated, Substituted or Invalid Result.” For “Rejected for Testing,” the laboratory must document the reason by providing an appropriate comment on the “REMARKS” line in STEP 5a.

When a specimen is received with a discrepancy, the laboratory should immediately contact the collection site to determine if the discrepancy can be recovered. If the collection site can provide a “Memorandum For Record (MFR)” to recover the discrepancy, the laboratory is permitted to test the specimen, but must hold the results until the MFR is received. If the discrepancy cannot be recovered by a MFR from the collection site, the laboratory may not test the specimen and must indicate the reason on the “REMARKS” line. This notification also alerts the collection site that an error has been made and that the collection site must implement corrective action to prevent the recurrence of the discrepancy.

- b. The laboratory should include a copy of the MFR with its report to the MRO to ensure that the MRO is aware that the discrepancy has been recovered.

STEP 5b. Split Specimen

Not Applicable.

Attachment 12

SAMPLE LETTER - EMPLOYEE SELECTION NOTIFICATION FOR TESTING

DEPARTMENT OF THE AIR FORCE

Demand Reduction

Address

XXXX AFB XXXXX-XXXX

<Test Date>

MEMORANDUM FOR: <Name>, <SSN>, <POOL DESCRIPTION>

FROM: Demand Reduction

SUBJECT: Report for Random Drug Testing (Employee must bring this form to the collection site.)

This is to inform you that <Name> has been randomly selected for drug testing. Please direct the employee by endorsement to this letter to report for testing on <Test Date> within two hours of the time they are notified. Hours of testing are (*insert current hours of operation*). Please have the employee bring this signed form to this appointment. You should personally inform the employee of selection, and explain that the selection was purely random and that the employee is under no suspicion of using illegal drugs. Also, inform the employee that there will be an opportunity to submit medical documentation to the Medical Review Officer to support the legitimate use of a specific drug.

Please notify the employee on the same day the test is scheduled, preferably within two hours of the scheduled test. Employees who refuse to be tested will be subject to the full range of disciplinary action, including removal. An employee selected for random drug testing may obtain a deferral of testing if the employee's first-level and second-level supervisors concur that a compelling need necessitates a deferral on the grounds that the employee is in a leave status (sick, annual, administrative or leave without pay); in official travel status away from the test site; or about to embark on official travel scheduled prior to testing notification.

Employees whose random drug tests are deferred will be subject to an unannounced test within the following 60 days. Please inform this office of any employee deferred from testing. POC is DDRPM ext. XXXX.

Demand Reduction Program Manager
(Signature of DRPM)

1st Ind,

TO: <Name>

You have been randomly selected for drug testing. You must report to **Demand Reduction** on <Test Date> within two hours of notification for this test. Your signature certifies you have received this notice.

Supervisor Signature <Test Date> Time: _____

I acknowledge receipt of this notice to report for random drug testing. I understand that a verified positive drug test or refusal to submit to testing may result in disciplinary or adverse action, up to and including removal.

Employees Signature <Test Date> Time: _____

REPORTING TIME _____ <Test Date> Time: _____

Collector's Signature _____

TESTING DEFERRAL: This member has been deferred from testing for the following reason:

And will return to duty mm/dd/yyyy.

1st Level Supervisor Signature 2nd Level Supervisor Signature

Attachment 13**SAMPLE LETTER - INITIAL SUBSTANCE ABUSE ASSESSMENT APPOINTMENT LETTER**

MEMORANDUM FOR *(Employee's Name)*

FROM: *(Supervisor's Office Symbol)*

SUBJECT: Appointment for Initial Substance Abuse Assessment

1. As a result of your alcohol related misconduct and/or Medical Review Officer (MRO) verified/validated positive test for drug use, you must report to (Location), Building Number _____, on (Date), at (Time), (AM/PM), for your initial substance abuse assessment. If this appointment is provided through your Air Force Alcohol and Drug Abuse Prevention and Treatment (ADAPT) Clinic, there is no charge for this assessment. You will be allowed reasonable duty time for travel to and from and attendance at the initial assessment session. You will be provided information on opportunities for substance abuse counseling and referral services available to assist in your rehabilitation efforts.
2. Failure to report for this appointment may result in disciplinary action. The attached form letter should be completed by the assessment counselor and provided to me upon your return to the office. Reporting for this assessment will not preclude my initiation of disciplinary action for your illicit drug usage. However, your efforts at rehabilitation will be considered as a factor in determining the severity of any disciplinary action.
3. While this is a mandatory appointment, I encourage you to take full advantage of this opportunity. If I can be of any assistance to you, please let me know.

IVAN THERE
(Supervisor)

Attachment:
Confirmation of Attendance

Attachment 14

**SAMPLE LETTER - INITIAL SUBSTANCE ABUSE ASSESSMENT APPOINTMENT
LETTER FOR SUPERVISOR**

MEMORANDUM FOR *(Office Symbol/Supervisor's Name)*

FROM: *(Office Symbol/Alcohol and Drug Abuse Prevention and Treatment (ADAPT) Program
or Employee Assistance Program)*

SUBJECT: Initial Assessment Appointment for *(Employee's Name)*

1. On *(Date)* your employee, *(Name)*, was scheduled for an initial evaluation. The following information is provided:

a. The employee did/did not report.

b. The employee did/did not sign a release form.

2. He/she was provided information on counseling and rehabilitation services available. He/she was advised that IAW E.O. 12564, refusal to obtain these services may result in the employee's removal from Federal Service.

(Signed by appropriate medical personnel)

Attachment 15**CONSENT TO PROVIDE URINE SPECIMEN FOR DRUG TESTING****NOTE: DO NOT USE FOR RANDOM, REASONABLE SUSPICION OR SAFETY/MISHAP TESTING**

I _____, state that _____ identified himself/herself to me as a _____ and advised me that I have the legal right to either consent to provide a urine specimen pursuant to the Air Force Civilian Drug Testing Program or to refuse to give my consent to provide such a specimen for testing. I understand that if I consent to provide a urine specimen for drug testing, that any illicit drug found in the specimen as a result of drug testing may not be used in a criminal action against me, but may be used as the basis to support disciplinary and/or adverse administrative action against me. I also understand that if I elect not to consent to provide a urine specimen for drug testing, that my decision cannot be used as the basis for any disciplinary or administrative action against me.

With knowledge of the foregoing, I have carefully considered this matter and elected to consent to provide a urine specimen for drug testing under the Air Force Civilian Drug Testing Program. I am giving my consent voluntarily and of my own free will, without having been subjected to coercion, unlawful influence or unlawful inducement, and without any promise of reward, benefit or immunity. The individuals collecting my urine specimen have my permission to have my urine specimen tested as they determine appropriate for the presence of any drug. I have read and understand this entire acknowledgement of my rights, and grant my consent for the search and seizure of my bodily fluids.

Dated on this ____ day of _____ at _____

Signature of Civilian Employee Providing Consent

Signature of Witness (Printed Name of Witness)

Signature of Witness (Printed name of Witness)

Attachment 16**SAMPLE BRIEFING FOR URINE SPECIMEN COLLECTION OBSERVERS**

ALL OBSERVERS WILL READ prior to observing the collection of urine specimens under chain-of-custody.

Collection of forensic urine specimens for drug testing requires maintenance of a strict chain of custody from the time chain of custody is initiated to shipping of the sealed urine specimen container to the Forensic Drug Testing Laboratory.

Observers' qualifications:

- Observers may not serve as an observer on the same day they are selected for testing
- Observers may not have adverse administrative or judicial history involving dishonesty, fraud or drug-related misconduct
- Observers may not have an active UIF
- Observers may not have prior convictions by court-martial or civilian court
- Observers may not be presently facing criminal charges in any court, aside from offenses wherein the defendant does not have the right to trial by jury (e.g. most speeding and parking tickets)
- Observers may not be facing pending adverse administrative action
- Observers may not be within six months of either separation or retirement from Government service
- Observers may not have medical condition(s) that will prevent them from performing their duties as observers

Duties:

1. If the observer at any time observes behavior suggesting the donor is attempting to avoid testing or tamper with the specimen bottle, the/observer will immediately notify the DDRPM or DTPAM.
2. The observer escorts donor to the rest room. The donor will maintain custody of the collection cup making sure collection cup remains in the sight of the OBSERVER at all times.
3. Instruct the donor to wash his/her hands with liquid soap and water before they provide the urine specimen.
4. During the collection process the OBSERVER **must directly observe the flow of urine** from the donor's body into the collection cup.
5. The observer must be allowed to observe the donor carry the collection cup to collection site (DDRP) staff for reading temperature.
6. The observer must never touch or handle collection container unless the collector is serving as observer. After the donor has completed urinating into the collection container, the donor and the observer leave the rest room. The donor hands the collection container directly to

the collector. The observer must maintain visual contact of the collection container until the donor hands the container to the collector

7. The donor must allow the observer to observe the urine specimen being poured by DDRP from the collection cup into the specimen bottle, to observe DDRP staff tightly cap the bottle, apply the bottle security seal with date and donor's initials.
8. The observer will remain with the donor until a urine specimen has been accepted by collection site (DDRP) staff. If the donor is unable to give a specimen immediately, the escort must accompany the individual to get water, coffee, etc., as instructed by collection site (DDRP) staff, until the specimen is provided.
9. The escort and the donor will be released to return to their duty section once the specimen collection procedure is completed.
10. The Civilian Drug Testing Program is a mandatory Air Force Program. Collection site personnel (DDRP staff) are merely carrying out Air Force directives. Abusive, abrasive or rude behavior will not be tolerated and any occurrence will be reported to the employee's, applicant's or escort's supervisor and commander.
11. Any questions concerning these instructions should be directed to DDRP staff.

I certify that I have read and fully understand my duties and responsibilities and am fully qualified to perform escort duties, as specified above. I also certify that I have been verbally briefed, viewed a physical demonstration of the process for correctly collecting a urine specimen, and been afforded ample opportunity to question the process to assure my full understanding of my duties.

PLEASE PRINT. YOUR NAME MUST BE LEGIBLE FOR POSSIBLE USE IN COURT PROCEEDINGS.

CAUTION!! Should you observe the donor passing urine over the hands or fingers, attempting to block direct observation, or attempting to tamper with the bottle, allow the collection to be completed and **report this suspicious behavior to the collector upon return to the collection table.**

PRINT NAME _____ Rank/Grade _____

Unit _____ Date _____

SIGNATURE _____ Initials _____

Attachment 17

SAMPLE ESCORT INSTRUCTIONS

1. The escort is required to ensure that the individual selected for testing goes directly to the test site with **no opportunity to prepare, circumvent, or adulterate the test and does not void his/her bladder** prior to reaching the collection site.
2. The escort will inform the donor that the urine specimen collection procedure must be completed promptly, as the temperature of the specimen must be read by the collector within **Four (4) MINUTES** of the sample being provided. If the temperature is not read within 4 minutes the employee/applicant may be required to provide a new specimen under direct observation.
3. An escort stands outside the stall door thus affording the donor privacy while providing the urine specimen.
4. The escort must be allowed to observe the donor carry the collection cup to collection site (DDRP) staff for reading temperature.
5. The donor must allow the escort to observe the urine specimen being poured by DDRP from the collection cup into the specimen bottle, to observe DDRP staff tightly cap the bottle, apply the bottle security seal with date and donor's initials and prepare specimen for shipment.
6. If the escort at any time observes behavior suggesting the donor is attempting to avoid testing or tamper with the specimen bottle, the escort will immediately notify the collection site supervisor (DDRPM or DTPAM).
7. The escort will remain with the donor until a urine specimen has been accepted by collection site (DDRP) staff. If the donor is unable to give a specimen immediately, the escort must accompany the individual to get water, coffee, etc., as instructed by collection site (DDRP) staff, until the specimen is provided.
8. The escort and the employee/applicant will be released to return to their duty section once the specimen collection procedure is completed.
9. The Civilian Drug Testing Program is a mandatory Air Force Program. Collection site personnel (DDRP staff) are merely carrying out Air Force directives. Abusive, abrasive or rude behavior will not be tolerated and any occurrence will be reported to the employee's, applicant's or escort's supervisor and commander.
10. Any questions concerning these instructions should be directed to DDRP staff.

I certify that I have read and fully understand my duties and responsibilities and am fully qualified to perform escort duties, as specified above. I also certify that I have been verbally briefed, viewed a physical demonstration of the process for correctly collecting a urine specimen, and been afforded ample opportunity to question the process to assure my full understanding of my duties.

PLEASE PRINT. YOUR NAME MUST BE LEGIBLE FOR POSSIBLE USE IN COURT PROCEEDINGS.

PRINT NAME _____ Rank/Grade _____

Unit _____ Date _____

SIGNATURE _____

Attachment 18

SAMPLE SUPERVISOR INSTRUCTIONS

1. To ensure the civilian drug testing procedure is accomplished as smoothly and as quickly as possible and to prevent the testing designated employee from having an opportunity to delay, circumvent or adulterate the urine collection process, **THE SUPERVISOR MUST ENSURE THE FOLLOWING:**

a. Provide a SAME SEX ESCORT to accompany the testing designated employee directly to the collection site and to remain with the employee until the collection procedure is completed. (The escort is not required, under normal circumstances, to actually observe the collection of the urine.)

b. Ensure the employee and escort are fully aware that once they arrive at the collection site, **THEY MAY NOT LEAVE UNTIL THE COLLECTION PROCEDURE IS COMPLETED.**

c. Ensure the employee is aware that he/she must have a PHOTO ID, e.g. Civilian ID Card or Driver's License or Social Security Card in his/her possession when they arrive at the collection site.

d. Ensure the employee has been briefed that the Civilian Drug Testing Program is an Air Force-directed program and an UNCOOPERATIVE OR ABRASIVE ATTITUDE will be reported by the DDRP staff through the Drug Demand Reduction Program Manager to the employee's supervisor and commander.

e. Ensure the employee is aware that he/she should report to the collection site with a **full bladder** and be **READY TO PROVIDE A URINE SPECIMEN** in order to expedite the urine collection process. If the employee has recently voided, they should drink fluids prior to reporting to the collection site.

f. **A COPY OF THE "NOTICE TO REPORT FOR RANDOM DRUG TESTING," SIGNED BY BOTH THE SUPERVISOR AND THE EMPLOYEE, MUST BE PROVIDED TO DDRP STAFF UPON ARRIVAL AT THE COLLECTION SITE.** The original is filed in the Supervisor's Record of Employee (971) as proof the employee was directed for testing by the supervisor.

2. Should the employee refuse to cooperate with the drug testing program, immediately notify your supervisor, the undersigned, and your Employee/Management Relations Specialist.

3. Any questions may be directed to the Drug Demand Reduction Program Manager or Drug Demand Reduction Administrative Manager at [*phone number*].

Attachment 19

SAMPLE LAST CHANCE AGREEMENT

EMPLOYEE NAME

1. This is a LAST CHANCE AGREEMENT between (installation) management and (employee name). On (date), (employee name) was issued a Notice of Proposed Removal for the offense of (specify offense(s)).

2. (Employee name) has expressed a desire to enter into a Last Chance Agreement rather than be removed. The purpose of this Agreement is to provide (employee name) with an alternative to removal from Federal employment. By offering this Agreement, (installation) management recognizes that (employee name) presently retains the potential to be a productive employee.

3. (Employee name) must clearly understand that this agreement requires strict adherence by (employee name). Any violation of the terms listed below shall result in (employee name) immediate removal from federal employment (employee name) understands that one instance of illicit drug use, a single positive drug test or any other non-compliance with this agreement can be just cause for removal. (Employee name) clearly understands and fully agrees with the terms of this agreement. All terms of this agreement are made of (employee name) free will and all appeal rights set forth below are waived knowingly and voluntarily. [EMPLOYEE NAME] also states that this agreement is written in a manner calculated to be understood is supported by consideration and that (employee name) was given the opportunity to consult private counsel and to seek independent legal advice before signing this agreement.

a. (Employee name) will enter a (XX)- month probationary period starting from the date this Agreement is signed. The parties agree that for this (XX) month period, (employee name) removal from federal employment will be (held in abeyance) or (reduced to a new penalty) (If a suspension, state the following: (1) number of days; (2) beginning date; (3) end date; (4) date employee will return to duty; (5) pay status; (6) work status; and (7) descriptive language which will be used in the Standard Form 52 implementing the suspension)

b. In return for management's agreement not to execute (employee name) removal for the next (XX) months, (employee name) agrees to the following: (employee name) has agreed to enroll in rehabilitation and treatment program designated by management and must fulfill all requirements for successful completion of that program. This rehabilitation and treatment program helps people learn skills to remain free of substance abuse and will, in most cases, include a period of aftercare. (employee name) will be subject to periodic, unannounced Air Force drug testing during and following completion of such a program for the (XX)-month probationary period described in this Agreement unless sooner curtailed by management. (employee name) will be immediately removed from Federal service if he or she fails to complete the rehabilitation and treatment program in which he or she is enrolled, fails to provide progress reports, or refuses to be tested. During the (XX)-month probationary period, (employee name) will refrain from further illicit drug use.

c. By entering into this Agreement, (employee name) waives the following as regards any administrative action, up to and including removal, brought against (employee name) for any of the reasons identified in paragraph 3.b., above:

- (1) All appeal rights to the Merit Systems Protection Board;
- (2) All Equal Employment Opportunity complaint procedures, including, but not limited to, Title VII of the Civil Rights Act of 1964, which prohibits employment discrimination based on race, color, national origin, religion, or sex; the Rehabilitation Act, which prohibits employment discrimination based on disability; the Age Discrimination in Employment Act and the Older Workers Benefit Protection Act; and any other federal, state, or local laws or regulations prohibiting employment discrimination.
- (3) All rights to participate in Grievance-Arbitration procedures;
- (4) All rights to participate in Master Labor Agreement procedures; and
- (5) Any other avenue of complaints and/or redress, including but not limited to, Inspector General complaints, Office of Special Counsel complaints, and the Federal court system;

d. (Employee name) agrees that all facts of this settlement and all terms contained herein, including the outcome, will be kept confidential. (Employee name) agrees not to discuss or disclose the facts of this settlement with Federal employees other than (his or her) representative. The terms of this settlement agreement will not establish any precedent, nor will the agreement be used as a basis by (employee name) or any representative to seek or justify similar terms in any subsequent case.

4. This Agreement gives (employee name) a “last chance” opportunity to demonstrate that he can be a dependable, productive employee. Should he not satisfactorily complete the probationary period or violate any part of this Agreement, management may elect to immediately remove him from Federal employment and (employee name) hereby waives all appeal rights, as set forth in paragraph 3.c. above, as regards that removal action (unless management institutes a criminal action, then the employee does not waive any rights to defend him/herself in any court). If (installation name) management fails to abide by the agreement that (employee name) has honored, then the employee is entitled to exercise appeal rights, per his/her options.

5. This Agreement is based on the facts and circumstances with respect to (employee name) current drug-abuse-related disciplinary action. This Agreement and its terms and provisions constitute the complete understanding between the parties. No other promises or agreements will be binding unless in writing and signed by all parties. This agreement may be used as evidence in a later proceeding in which either of the parties alleges a breach of the agreement.

6. (Employee name) waives any rights to attorney fees. The agency, therefore, is not liable for any costs or attorney fees incurred by (employee name) as regards this agreement or any past or future disciplinary action. (Employee name) agrees that his attorneys, and any prior representative, are not entitled to fees or costs from the agency.

For Management

Supervisor

Date

For the Employee

(EMPLOYEE NAME) ACKNOWLEDGES THAT HE/SHE HAS READ THE
ENTIRE AGREEMENT, UNDERSTANDS IT, AND IS VOLUNTARILY
ENTERING INTO IT.

I understand I have the right to consult with a Union representative and/or my own private attorney prior to entering into this Agreement.

Employee's Initials Date

To indicate your acceptance of this Agreement, read and sign the following statement.

I clearly understand the "Last Chance" opportunity offer as stated in the Agreement above and I fully and explicitly agree with its terms and provisions. I know and understand I have various appeal rights with respect to the removal action proposed against me prior to execution of this Agreement, but willingly and knowingly choose to waive those rights in order to enter into this Agreement with Management. By this Agreement signed on this date, I, (employee name), of my own free will, waive my rights as described above.

Employee

Date

Employee's Representative

Date